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ABSTRACT

This instructor's guide for a foster parent curriculum consists of specific introductory curriculum material for the study of the history, current status and trends of foster parenting in the U.S. The guide is divided into 5 parts. The first part presents a chart of foster parent competencies to be taught, instructor materials and suggested teaching strategies. Subsequent sections develop instructional units, each containing text, discussion materials and bibliographic resources. The first unit deals with the history of foster care, tracing child care from the Middle Ages to the present. The second unit addresses current practices in foster care, discussing the caseworker role, types of supportive services, community responsibility for the care of children, the increasing number of foster children, special problems of foster children, group homes and educational opportunities for foster parents. The third unit explains terms used in the description of the kinds of foster care. The fourth unit covers the factors that bring children into foster care. Case histories are used to illustrate the topics. (Author/RH)

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by Pam Marr, M.S.

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Introduction
to
Foster Parenting-I

HISTORY TRENDS
KINDS FACTORS

FOSTER PARENT
CURRICULUM

by Pam Marr, M.S.

PS010130

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INTRODUCTION TO FOSTER PARENTING--I

October 1976

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Introduction

The beginning of this book presents a chart of the competencies this material is intended to teach. This chart also provides a list of materials written for the instructor as they relate to each competency. Plus, the chart includes suggested strategies for teaching the information contained in the text.

The major portion of this book is divided into four separate units. Each unit contains an informational text for the instructor, discussion materials, and bibliographic references.

At the end of the book is a listing of additional resources which might be helpful to the instructor and to foster parents.

The first of the four units is about the history of foster care. The unit contains cartoon sketches which the instructor can use for illustration and discussion of the information in the text. The discussion questions at the end of the unit are intended to help the instructor relate the history of foster care to present-day situations that foster parents experience.

The second unit, which is on trends in foster care, is a short one that is intended to teach the foster parents what is happening in foster care today. The discussion questions at the end of the text are designed to help foster parents recognize the importance of their active involvement in their community and in the welfare of children.

The third unit is an explanation of the terms that describe the kinds of foster care. This unit includes a chart that will help illustrate the kinds of foster care placement. This chart also will be a preparation for the unit which follows on factors. Included at the end of the text are case histories designed to illustrate the kinds of foster care. The case histories are labeled at the top for easy reference and contain a short explanation of the case. The instructor should plan to supplement the case histories with examples from the foster parents or from bibliographic reference materials.

The fourth unit contains information about the factors that bring children into foster care. Similar to the unit before, case histories, which are designed to illustrate different factors, are included at the end of the text. For instructor reference, at the top of the case histories is a listing of each one's factors. Again, the instructor should plan to supplement the case histories with examples from foster parents or from bibliographic reference materials.

The instructor should be aware of and utilize the fantastic resources of foster parents. Foster parents who have several years of experience have a wealth of knowledge that can be a valuable asset to the instruction of other foster parents or prospective foster parents. Skill is needed in drawing from foster parents their valuable experiences without losing their knowledge to the chaos of group discussion. The instructor should always try to 1) make clear to foster parents that information shared should not be shared with the use of real names of facts that would jeopardize the confidence or privacy of the foster child or his family and to 2) summarize and relate the shared experiences of the foster parents to the text information being discussed.

Other resources, such as films, filmstrips, and guest speakers, will add to the illustration and illumination of information in this text.

Pam Marr

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OUTLINE FOR INSTRUCTION OF MATERIAL

The History of Foster Care

Competencies	Instructor Material	Suggested Strategies
I. Foster parents should express an awareness of history of child welfare and foster care practices.	I. Read "The History of Foster Care Instructor Notes." Study the cartoon sketches and the discussion guides.	I. A. Duplicate the cartoon sketches for the class or show them on an opaque projector. B. Discuss the changes in child welfare practices through history, especially those that have influenced our modern foster care practices. C. Encourage experienced foster parents to share the changes in foster care practices that they have observed over the years.
II. Foster parents should express an awareness of historical and modern attitudes toward foster care.	II. Read "The History of Foster Care Instructor Notes." Study the cartoon sketches and the discussion guides.	II. A. Duplicate the stimulus questions from the discussion guide for class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Discuss common attitudes toward foster care today. C. Have foster parents share their attitudes toward foster care as well as the attitudes of people in their community.

Competencies	Instructor Material	Suggested Strategies
III. Foster parents should express an awareness of the role through history of foster parents in child welfare.	III. Read "The History of Foster Care Instructor Notes." Study the cartoon sketches and the discussion guides.	III. A. Duplicate the stimulus questions from the discussion guide for class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Discuss the role of foster parents in child welfare today. C. Have foster parents share what they feel the role of foster parents in child welfare is today or what it should be in the future.

Trends in Foster Care

Competencies	Instructor Material	Suggested Strategies
I. Foster parents should express an awareness of trends in the foster parent-agency relationship.	I. Read "The Trends in Foster Care Instructor Notes." Study discussion guide. Read a local foster parent agency handbook.	I. A. Duplicate discussion questions for the class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Discuss the trends toward greater involvement of foster parents in the agency decision-making process. C. Have foster parents share the changes in the foster parent-agency relationships over time. D. Invite local social service agency personnel to talk to the class about views of trends in foster parent-agency relationships.

Competencies	Instructor Material	Suggested Strategies
II. Foster parents should express an awareness of trends in supportive services to families.	II. Read "The Trend in Foster Care Instructor Notes." Study discussion guide. Read a local foster parent agency handbook.	II. A. Duplicate discussion questions for the class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Invite local social service agency personnel in to talk about various supportive services the agency can provide for families. C. Have foster parents share their experiences with various supportive services to families.
III. Foster parents should express an awareness of trends in the foster parent-agency relationship.	III. Read "The Trend in Foster Care Instructor Notes." Study discussion guide. Read a local foster parent agency handbook.	III. A. Duplicate discussion questions for the class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Discuss the trend toward foster children who have mental, physical, and emotional handicaps. C. Have foster parents share examples of foster children who have special needs.
IV. Foster parents should express an awareness of trends in community resources available to foster parents and foster children.	IV. Read "The Trend in Foster Care Instructor Notes." Study discussion guide. Read a local foster parent agency handbook.	IV. A. Duplicate discussion questions for the class members or use the opaque projector. (Be sure to show only the questions if projector is used.) B. Invite personnel from the local mental health center, remedial learning center, medical center, recreation center, and library to talk about the resources available to families. These persons might speak individually, or use a panel. C. Have foster parent share their experiences in using the various community resources.

Competencies	Instructor Material	Suggested Strategies
V. Foster parents should express an awareness of the role of foster parents in child welfare through community involvement.	V. Read "The Trend in Foster Care Instructor Notes." Study discussion guide. Read a local foster parent agency handbook.	V A. Duplicate discussion question for the class members or use the opaque projector. (Be sure to show only the question if projector is used.) B. Discuss the need for foster parents to be advocates in the community for foster children. C. Have foster parents share their experiences in advocating the needs of foster children.

Kinds of Foster Care Placement

Competencies	Instructor Material	Suggested Strategies
I. Foster parents should express an understanding of voluntary and involuntary placement.	I. Read "The Kinds of Foster Care Placement Instructor Notes." Study case histories.	I. A. Use the case histories to discuss and illustrate voluntary and involuntary placement. B. Encourage foster parents to share their own examples that illustrate voluntary and involuntary placement. C. Use resources films for illustration and discussion.
II. Foster parents should express an understanding of parental rights, custody, and legal guardianship.	II. Read "The Kinds of Foster Care Placement Instructor Notes." Study case histories.	II. A. Use case histories for discussing parental rights and guardianship and custody. B. Encourage foster parents to share their understanding of parental rights, legal guardianship, and custody. Encourage foster parents to share examples. C. Use resources films for illustration and discussion.

Competencies	Instructor Material	Suggested Strategies
III. Foster parents should express an understanding of temporary and permanent foster care.	III. Read "The Kinds of Foster Care Placement Instructor Notes." Study case histories.	III. A. Use case histories to illustrate temporary and permanent foster care. B. Encourage foster parents to share their own examples of temporary and permanent placement. C. Use resources films for illustration and discussion.
IV. Foster parents should be able to identify specialized kinds of foster care.	IV. Read "The Kinds of Foster Care Placement Instructor Notes." Study case histories.	IV. A. Use case histories to illustrate and discuss the kinds of specialized foster care placement. B. Encourage foster parents to share their understanding of and experience with specialized kinds of foster care.

Factors in Foster Care Placement

Competencies	Instructor Materials	Suggested Strategies
I. Foster parents should be able to express an awareness of the interaction of factors that create a need for the placement of a child in foster care.	I. Read "The Factors in Foster Care Placement Instructor Notes Study case histories.	I. A. Use the case histories to discuss the interaction of foster care placement factors. B. Encourage the foster parents to share examples that show an interaction of factors in the need for foster care placement. C. Use suggested films for illustration and dicussion of factors.
II. Foster parents should be able to express an awareness of the process by which children come into foster care.	II. Read "The Factors in Foster Care Placement Instructor Notes Study case histories.	II. A. Use case histories to discuss the ways that children come into contact with the agency with the need for foster care. B. Encourage foster parents to share their own examples of ways that children come into foster care. C. Use suggested films for illustration and discussion.
III. Foster parents should be able to identify the variety of factors that influence the decision to place a child in foster care.	III. Read "The Factors in Foster Care Placement Instructors Notes Study case histories.	III. A. Use case histories to illustrate various reasons for the child being placed in foster care. Ask foster parents to sort out the factors in each case. B. Encourage foster parents to share their own examples that illustrate the various factors involved in foster care placement. C. Use films for illustration and discussion.

the History of Foster Parenting

by K. Ward

Children had a place in the work of the feudal manor.

The Church took responsibility for poor and dependent children through almsgiving and "free homes."

Widespread famine and disease left masses of people homeless.

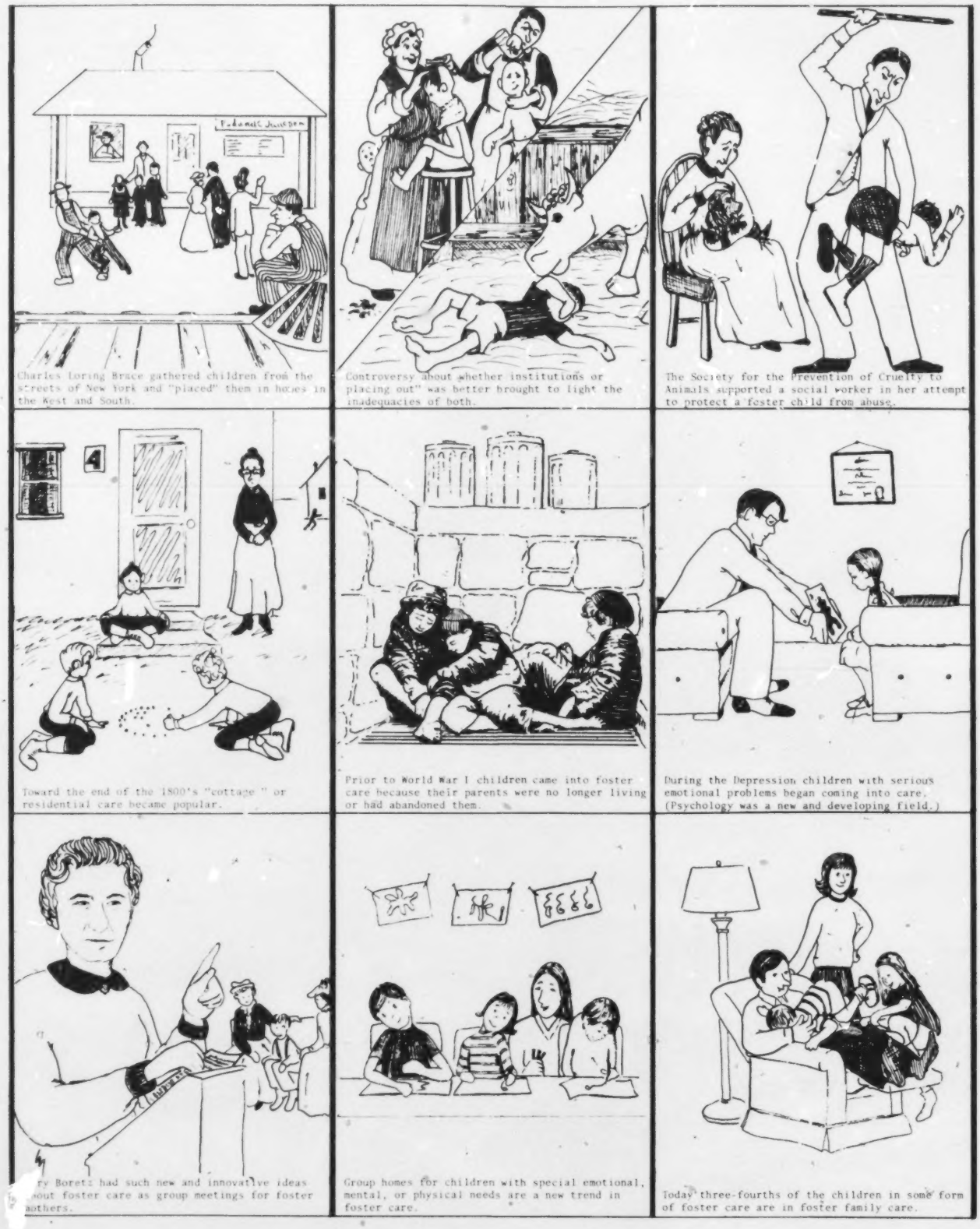
The government passed laws that all able-bodied persons must work--including poor children.

The Elizabethan Poor Laws established a system of indenture to care for dependent children.

The hardships of the New World left many children without families to care for them.

Widespread disease and war created a need for large institutions to house children.

Charitable societies took the initative in "saving" dependent children.



Charles Loring Brace gathered children from the streets of New York and "placed" them in homes in the West and South.

Controversy about whether institutions or placing out" was better brought to light the inadequacies of both.

The Society for the Prevention of Cruelty to Animals supported a social worker in her attempt to protect a foster child from abuse.

Toward the end of the 1800's "cottage " or residential care became popular.

Prior to World War I children came into foster care because their parents were no longer living or had abandoned them.

During the Depression children with serious emotional problems began coming into care. (Psychology was a new and developing field.)

ry Boretz had such new and innovative ideas out foster care as group meetings for foster mothers.

Group homes for children with special emotional, mental, or physical needs are a new trend in foster care.

Today three-fourths of the children in some form of foster care are in foster family care.

Section II - Unit I

The History of Foster Care
INSTRUCTOR NOTES

A. Early Responsibility for Children's Welfare

The attitudes our society has toward the needs and welfare of children have a definite historical base. The systems we have for providing for the welfare of children have come to our society through many centuries of change and growth. As societies and cultures have changed through time, both the attitudes toward the needs of children and the concerns for the welfare of children have changed. The concept that foster parents have of their role is dependent on their understanding of our society's attitudes toward child welfare, its concerns for the needs of children, and its systems of services for children. To have a clear concept of their role, foster parents also need to have an understanding of the history that formed the attitudes, concerns, and systems of our society.

In early civilization (and still in some cultures today) the responsibility for the welfare of children rested on a small, close-knit community of persons who often were related to one another by bonds of kinship. Poor families, mentally and physically disabled persons, and orphaned children were absorbed into the communal system.

The fuedal system of the Middle Ages was a system in which the care of children was an integrated part of the communal manor. Manor life was organized around working the land to maintain and support the life of the community. Because children were a part of the work system of the manor, they were valued as an asset to the community. If a child were ill, disabled or orphaned, this was the community's concern. Usually relatives or neighbors were supportive of the child and his family, or the child was taken into another family. There was no need for public (government) concern for the welfare of the child because his needs were met within the community.

B. The Church and the Government as Caretakers

As the feudal system began to break down during 1300's, the Roman Catholic Church began to gain importance and influence in Europe. The breakdown of the feudal system created a population of poor persons who were not cared for within some manor. There were more persons, including children, who roamed from village to village, begging for a living. The Church, with its increasing importance, began to take responsibility for the policies of caring for the poor.

One of the Church's policies was that people who gave alms to the poor would gain merit for the salvation of their souls. This policy of almsgiving seems to have been an effective means of providing relief to the poor so long as the number of beggars was relatively small.

But Europe experienced widespread famine, disease, and economic depression in the late 1300's. Large numbers of people were without work. Large numbers of children were left with no families to care for them. Many people, including children, were left crippled and disabled by disease. The close-knit communal manor no longer absorbed these masses of poor people and the class of beggars became unmanageable. The number of people in need was so great that the Church's policy of almsgiving could not care for all the beggars.

To deal with the masses of homeless, hungry, diseased, disabled, and infirm, the Church built almshouses. All varities of poor people were gathered into almshouses with little or no separation as to their needs. Children received no special consideration or distinction among the masses in the almshouses.

The Church also used three other ways to care for dependent children. Often the Church used almsgiving to help poor widows to care for their dependent children. And orphaned children could be placed with families whose care for them was "free" (at no cost to the parish). If no "free" homes were available, the Church could auction the child off to the lowest bidder (lowest cost to the parish for the care of the child). When families were not available to care for orphaned children, the children were placed in an almshouse.

The government became an influence in the

treatment of the poor during the 1500's when laws were passed regulating the treatment of poor. The government was concerned with keeping those people in the labor force who were capable of working. It was an attempt to discourage people from begging as a way of life. The laws regulating the treatment of the poor divided the poor into classes, and these divisions still affect our attitudes toward the poor.

The class of persons that had government sanction to beg for a living were the "deserving poor." The "deserving poor" were those persons who were not capable of working and supporting themselves and whose families could not support them. The "deserving poor" were the diseased, the disabled, the infirm, and sometimes the very young.

The "undeserving poor" were those people who were "able-bodied" or capable of working but who would not work. The laws created harsh punishment for those able-bodied persons who were caught begging. Capable people caught begging were placed in workhouses and forced to labor in factories or on farms.

Unless they were very young, healthy children were considered capable of work. Often parents would disfigure or disable their children (break an arm or leg, create open sores) so that they could beg for a living. Healthy children caught begging often were punished and could be indentured to a tradesman or craftsman, or they could be forced to labor in factories and on farms.

The laws concerning the poor were passed under the reign of Elizabeth I in the late 1500's and early 1600's became known as the Elizabethan Poor Laws. The Elizabethan Poor Laws not only formally set a pattern for dealing with the poor but also set a special formal pattern for dealing with dependent children. In previous laws little distinction had been made between treatment of poor adults and poor children. The Elizabethan Poor Laws did make some distinctions between adults and children, plus they made it clear that the responsibility for dependent children was the local community's through its local parish.

Once again, children could be placed in "free" homes or auctioned to families with the lowest bid. And parishes provided some support to widows with dependent children as had been done in the past.

Although indenture had been a means of dealing with dependent children under other laws, the Elizabethan Poor Laws provided more structure to the system. Children had to be eight years old or older to be indentured. Indenture lasted until twenty-four years of age for boys and twenty-one years of age or marriage for girls. Boys usually were indentured to a tradesman or craftsman, and girls were usually indentured to learn domestic skills. Under the Elizabethan Poor Laws indenture was a formal contract in which the tradesman had the use of the services of the child and the child received room, board, clothes, and education in the trade, as well as basic reading and writing skills.

Children whose mothers or fathers had died often labored in the factories to help support themselves and their families. Sometimes manufacturers would provide children from poor families with materials to produce goods in their homes.

Children were placed in the poorhouse or asylum as a last resort. No separations were made in the poorhouses with regard to age, sex, or condition; and children were exposed to all varieties of people and diseases. Sometimes mothers with young children were kept in the poorhouse. Often poorhouses were combined with workhouses and houses of correction (people who had been arrested for vagrancy or misdemeanors were placed in the houses of correction). Mothers and older children often were forced to work long hours in the factories.

C. Child Care in the American Colonies

From the beginning colonists had to deal with the problem of orphaned children. Many parents died on the way to America or shortly afterward as a result of disease, starvation, and other hardships. The colonists also had to deal with orphans sent from the streets and asylums of the mother countries. The mother countries saw this as a benefit to colonists who needed labor and as a way of reducing the number of children in their poorhouses.

The colonists leaned heavily on the patterns set by the Elizabethan Poor Laws for their methods of dealing with dependent children. The indenture system was used for the orphans sent from the mother countries to America. Much as in the English version of the indenture system, the master was expected to provide food, clothes, shelter, and education in exchange for the child's services. The indenture could be for anywhere from two to seven years, depending on the age of the child. When the indenture was over, the child was entitled to some material possessions, such as land, livestock, goods, or money. Although a person or committee from the community was appointed to review the condition of the indentured child, some children

were abused and negelected. Often the master placed unreasonable expectations on the indentured child.

The colonists also used the indenture system to care for the orphaned and dependent children in their communities. The primary concern of the colonists in the use of indenture was to keep dependent children from becoming a burden to the community. Poor parents often were ordered to indenture their children voluntarily. Children who were orphaned could legally indenture themselves to a master. Children with living parents could indenture themselves with the consent of their parents. Children caught begging could be indentured to a master by the courts.

Following the tradition of the Elizabethan almshouses, colonial almshouses did not make a distinction between poor adults and poor children. Almshouses were a gathering place for all varieties of the poor, diseased, disabled, and infirm No separation was made as to the age, sex, or condition of persons. Children were exposed to all varieties of disease, and there was a widespread epidemic of skin and eye diseases among children, some of which probably were some forms of veneral disease. Because almshouses often were combined with workhouses and houses of correction, children often were forced to work long hours in the factories.

Most colonial communities believed that children should remain in the home whenever possible. The community was concerned not only with the welfare of the child but also with the morality of the mother. The community felt that the mother might feel forced into a dishonorable life if she did not receive support for her family, especially if her children were taken from her. The colonial communities usually tried to provide "outdoor relief" (support to children in the home) to deserving widows. A distinction was made between those women who were morally decent and deserved to have their children with them and those morally corrupt women who were not proper mothers.

D. The Beginnings of Separate Care for Children

The number of children orphaned as a result of disease epidemics, wars, and the hardships of frontier life had increased to large proportions in the 1800's. This large proportion of orphaned children in the poorhouses created a need for separate institutions for children.

Religious charitable groups were the first to begin the movement toward orphanages and separate institutions for children. The main interest of these groups was to provide the religious education orphaned children were not receiving in the poorhouses or while roaming the streets. These religious groups not only were interested in providing food, clothing, and shelter for these children but also were intent on "saving" them from moral corruption. Many of these religious groups were concerned only with children from the group's religious background.

In the 1800's charitable groups or societies organized to create a public awareness of the needs of orphaned and dependent children. These societies were concerned not only with "saving" or "rescuing" children from moral corruption and degradation of roaming the streets but also with the care given children in the almshouses. Some charitable groups promoted higher standards of care given to children in institutions and promoted government regulations of child-caring institutions. Some charitable societies established support to widows with dependent children.

A charitable organziation that had a tremendous impact on care given to dependent children was the New York Children's Aid Society under the leadership of Charles Loring Brace. Brace initiated a system of placing dependent children from Eastern cities (especially New York) in foster homes in the West and South. Brace and his workers gathered children from the streets and almshouses and boarded them on a train to the Western and Southern states and territories. The towns along the train route were notified that there would be children on the train for selection and placement in foster homes. Children were lined up on the platform at each train station while foster home applicants made their selections.

Brace's system of "placing out" set a new pattern of caring for dependent children and was a forerunner of our present-day foster care system. Although there was no formal contract between the family and child, foster homes were to provide the children with food, clothing, shelter, and minimal education and to care for them as if they were their own. Children were not under contract for their services or bound to the family for a set number of years; however, children who were healthy and older and who seemed to be capable of work usually were chosen first by the families.

Brace asked that a committee of at least three town persons (usually a physician, a minister, and a businessman) be appointed to

review applicants for foster children. The applicants were asked to provide references and proof of good character, but there were rarely any other requirements. Often the committee approved applicants against their better judgement for fear of causing angry feelings in the community. Sometimes applicants were approved with no references, after they had selected a child.

Paid representatives of the NYCA were to visit the foster children at least once a year, but this was not always possible. Sometimes the town committee did not keep careful records of which homes the children were placed in or of when the children and families had moved from the area since placement. In a few cases children died shortly after placement. Sometimes the families deserted the child after placement. Often the older children, especially those boys who were considered delinquent, ran away shortly after placement.

Following Brace's example of "placing out," state governments began to use a "boarding out" system of caring for dependent children. Massachusetts was a state that pioneered in establishing a system of "boarding out" children in foster homes. "Boarding out" usually meant that the foster families were paid a minimal amount for the care of the children. "Boarding out" also meant that there was some regulation of foster homes by the state.

Many controversies arose over Brace's system of "placing out." People involved in providing institutional care argued that there was not sufficient regulation, supervision, or uniformity of care given in foster homes.

Supporters of the "placing out" system defended the historical and Biblical belief that family life was the best method of rearing a child and attacked the lack of individual attention given children in institutions. Advocates of the foster care homes pointed out the sanitation and health problems of institutions resulted in the deaths of large numbers of children. However, many persons were opposed to the ethics of placing delinquent and misfit children with unsuspecting families and communitites who were not prepared to handle these children. Probably the greatest controversy was about the placing of children in homes without regard to the religion of the child and his family. Catholics and Jews were especially sensitive to this issue, but many people questioned the practice of placing a child without regard to religion. Most people supported the belief that a child should be placed in a home of his own religion.

Charles Britwell, as director of Boston's Children Aid Society, had an important influence on the uses of foster family care. Britwell emphasized that a thorough evaluation should be made of each child's individual needs before the placement decision was made in "boarding out" children. He also emphasized that there needed to be a systematic evaluation of foster home applicants, as well as a plan for supervision of the home and a plan for keeping records about the child's care while in the home. Britwell supported the idea that the goal of foster care should be to return the child to his parents. Britwell was also one of the first advocates of foster care's becoming a more professionalized service.

E. Humane Societies Defend Children from Abuse

Humane Societies, which originally were organized to provide protection to animals, had an important influence on protecting children, too. In the case of abused foster child Mary Ellen, a churchworker used the support of the Society for the Prevention of Cruelty to Animals to win the case. The worker used the plea that "children are animals, too," and deserve the same protection from abuse and neglect. The court agreed with the plea and placed the foster parents in jail. After the success of Mary Ellen's case, humane societies began to include children in their goals. Some humane societies organized strictly for the protection of children from abuse and neglect. The goals of the humane societies were aimed not only at promoting legislation to protect children but also at punishing abusive parents.

F. Movements Away from Large Institutions

Public awareness of the problem of caring for children in large institutions created a movement toward the use of cottage or residential care. The cottage form of institutional care offered the advantages of family-style group living and also had the advantage of uniformity and supervision. This cottage system seemed to meet the needs of the children better than any institutional setting had in the past.

The institutions also "boarded out" children when facilities were overcrowded and as a means of decreasing the number of children in the institution. When the institution "boarded out" children, it paid the foster family for the cost of the child's care.

G. The First White House Conference on Dependent Children

The first White House Conference on Dependent Children in 1909 brought together, the first time, educators, staffs of institutions, and leaders of charitable societies. The conference heard many views of the various issues of child care, but all the members of the conference provided support for the idea that the family was the best place to rear a child. The conference voted overwhelmingly to provide support for mothers with dependent children. It was also the recommendation of the conference that when the child could not remain in his own home, a foster home should be used to care for the child and that insitutions should be used only when foster homes were not available.

H. The Emergence of Modern Care

Development of theories and research in psychology and psychiatry after World War I had a great impact on the treatment of dependent children. Research on infants raised in institutions concluded that institutional life had a damaging effect on the personalities of young children. Young children who had been raised in the institutions since infancy seemed unable to form affective relationships and, in general, seemed to be confused about human relationships. These children were described as hyperactive, hostile, aggressive, selfish, and uncontrollable. They had difficulty relating to foster or adoptive parents, to other children, and, especially, to public school situations.

Prior to and during the war, many children came into placement because of the death of one or both parents. Others came into placement because their parents could not afford to keep them and/or abandoned them. After World War I children began coming into placement because of social maladjustments of the family; children were coming into placement because of the severe individual and marital difficulties of their parents. This meant that children in placement were showing more symptoms of severe emotional stress. With the knowledge that children were experiencing emotional problems and with the popularity of psychiatry, institutions began to experiment with providing psychiatric services to children.

After World War I the conclusions of research on the effects of the institutional life on children and the emphasis on the emotional needs of the child influenced Mary Boretz to become an advocate for foster home care. Mary Boretz, as head of the Hebrew Sheltering Guardian Society Home Funding Service, was an advocate for professionalizing foster care services. Boretz was one of the first persons to attempt to make the public aware of the valuable service provided by foster parents. Foster parents at that time often were embarrassed to let even friends and neighbors know that they were taking care of a foster child, especially when they were receiving payments for the cost. Foster parents were afraid others would think they were keeping the child just for the money. Mary Boretz insisted to foster parents and the public that foster care was a valuable service and that foster parents deserved payment for the cost of the child's care, at the very least.

Mary Boretz was a pioneer in providing supportive services to foster parents. She initiated the first foster parent meetings, which developed into the first association for foster parents, the Foster Mother's League. She promoted the value of foster parents' sharing, as a group, their experiences and providing support for one another. Boretz emphasized regular home visits to foster parents and was a pioneer in establishing consultative and educational services for foster parents. She advocated that the caseworker intervene on behalf of the community agencies for the foster parents.

Boretz also pioneered the use of foster parents to recruit other foster parents. She even established a publication for recruiting foster parents called the "Homefinder." Boretz was also an advocate of individualized treatment of children, of maintaining contact between foster children and natural parents, and of early

return of the child to his home.

The psychiatric services to children in placement and the increasing knowledge gained through research in the institutions influenced the 1919 White House Conference on Dependent Children to call for the establishment of Child Guidance Centers. Also, the conference voted to support the establishment of a juvenile court system, separate from adult criminal courts, which would deal with the individual needs of children.

This period of time was also a time for the development of other services supportive to families. Day care became an alternative to families in which both parents had to work or in which one parent was absent because of death or desertion. Homemaker services to families who were faced with illness or another crisis was helpful in keeping children with their parents. The guidance services to families and children also were helpful in keeping families together.

The Depression brought into placement children with severe emotional problems that were a result of the traumatic experiences families were having. Although children with severe problems still come into placement, the traumatic experience of that period of time created a unique group of children in placement. The Depression was probably the last period of time when the very large dormitory type institutions were full.

After the Depression the value of residential treatment and foster homes for children was well-established. The number of orphaned children had become almost insignificant, and the emphasis on supportive services was becoming an established alternative to child placement. The emphasis of child-caring institutions began gearing toward the special needs of children. The trend was toward agency-owned, community-based group care homes that were organized around children with special needs. Group homes for the mentally and physically handicapped were established as well as homes for the adolescents with emotional problems.

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Unit I

THE HISTORY OF FOSTER CARE
DISCUSSION QUESTIONS

1. Discuss the similarity in attitudes between people in the feudal system and foster parents today.

Stimulus Questions:
- --Can you identify with the feelings of concern for children that people of the feudal system had?
- --As a foster parent, do you feel a sense of community responsibility similar to what people of feudal times might have felt?
- --Do you see children as valuable part of the family and the community?

Foster parents are persons who have a great deal of concern for children and extraordinary nuturing abilities. Foster parents have not only a sense of commitment to the welfare of children but also a sense of commitment to the community. Concern for the welfare of children and commitment to the community are assets to the *task*, foster parenting, and are essential to the foster care system.

Another asset of foster parents is their ability to see children, especially foster children, as a part of the family system and the community. They understand that children have a need to feel that they are an important part of the family and community. Knowing that he has a place in the system in which he can feel useful, productive, and needed is important to the foster child's feelings of security and to the development of his self-esteem. In the feudal system everyone, including children, was valued for his place in the system; foster parents seem to be people who are able to value foster children and help them find a place in the family and the community.

2. Discuss the similarities between the economic difficulties of the Middle Ages and the problems of our present-day urban communities.

Stimulus Questions:
- --Are there some similarities between the unemployment experienced in urban communities today and the problems of-unemployment in the Middle Ages?
- --Are there similarities in attitudes toward the unemployed and the poor--do we still make distinctions between the "deserving" and "undeserving" poor?
- --Who takes the major responsibility for assistance to the unemployed and to families with dependent children?

Unemployment and poverty are real problems in today's urban communities, much as they were problems in the Middle Ages. Our country is not experiencing famine, but the distribution of jobs, food, and adequate housing is a problem. The government, rather than the church, has taken the major responsibility for assisting people who are unemployed and families with dependent children. Foster parents are an important part of our society's struggle to provide quality care for children whose families were unable to care for them. Even though they are more subtle, our society still makes distinctions between the "deserving" and "undeserving" poor. There are still persons who are penalized by our society because of unfortunate circumstances in which they find themselves. Foster parents are persons who avoid judging the different circumstances of foster children and their families. Foster parents are persons who are able to see the value and potential for growth of foster children and their families.

3. Discuss the indenture system and its relationship to foster care today.

Stimulus Questions:
--Has anyone suggested that you became foster parents so you could get some work out of your foster child?
--How does this attitude of "free labor" relate to the indenture system?
--What are the attitudes of people toward foster children today?
--What are the attitudes of foster parents today?

The indenture system that became almost institutionalized with Elizabethan Poor Laws was intended to be a sort of business agreement between the child and a tradesman. The indenture contract was supposed to be a fair exchange--services from the child for food, lodging, and education from the master. Indenture in the 1600's and 1700's was one of the more efficient ways the community had for caring for dependent children. However, indentured children often had to work long hours and had no recourse for any mistreatment they received. Dependent children who were indentured often were labeled or looked down on by the community and often did not receive the same respect and consideration as other children.

Some people today confuse foster care with the indenture system. Often foster parents are asked by people who have indenture and foster care confused about the work the foster parents expect from their foster children. Usually, these people are not trying to be unkind but are simply misinformed. Those who still have a demeaning attitude toward foster children are usually people who have not had experiences that would lead them to an understanding of foster care. Foster parents today are truly enlightened persons who believe in the worth and dignity of children, regardless of their special needs. Unlike the masters in the indenture system who expected something in return for the care given, foster parents give of themselves and of their resources without expectations of services in return from children. Foster parents often give of themselves as though the had an endless well spring of caring.

Although foster parents do not expect services from their foster children, teaching the foster child living skills is as important a part of foster care as it was in the indenture system. Foster parents today recognize that foster children need to learn skills for living productively with a family and in a community.

4. Discuss the important influences of charitable societies on attitudes toward child welfare.

Stimulus Questions:
--What contributions did charitable institutions make in the 1800's?
--How do charitable institutions influence child welfare today?
--What was the attitude of charitable societies toward the children they served in the 1800's?
--What is the attitude toward child welfare of charitable organizations today?

The charitable societies, with their various institutions and orphanages, were genuinely concerned with the welfare of children in the 1800's. Charitable societies recognized that the welfare of the community was related to the welfare of its children and took the initiative in providing for the needs of dependent children. In their zeal to care for dependent children, charitable societies often developed the attitude of "saving" or "rescuing" children from their family situations.

Today, charitable organizations are innovative leaders in child welfare practices. And charitable organizations, as well as other persons concerned with child welfare, are more concerned now with providing assistance and support to families who are experiencing stress than they are in "rescuing" children. Child welfare organizations today recognize not only the value of children but also the value of the family unit.

5. Discuss the similarities and differences between Charles Loring Brace's system of "placing out" and foster care today.

Stimulus Questions:
--How was the selection of foster homes in Brace's system different than what happens today?
--How were foster homes supervised in Brace's "placing out" system? How is that different from the supervision of foster homes today?
--Were the expectations of foster parents then similar to those of foster parents today?

Application to become a foster parent in Brace's system was made to a committee of townsmen. Although some of the applications were made in advance, many people applied for, accepted and received a child on the spot. The only requirements for becoming foster parents at that time were recommendations from persons in the community, and the committee sometimes waived this requirement. Today, foster parents need to have recommendations from the community. However, they also have to have their homes inspected and licensed for health and safety. They also are interviewed by the social worker about their attitudes, interests, family interactions, and family routines. The agency has the responsibility for licensing foster homes and placing children.

The committee of community persons in Brace's system was supposed to supervise the foster homes, but the members did not visit the foster homes. The committee usually became involved only if there were a complaint by either foster parent or foster child. The New York Children's Aid Society had paid representatives who visited the homes once a year, but sometimes the placements did not last for a year or the families could not be located. Today, the placing agency caseworkers are responsible for regular visits to the foster homes. The caseworkers must file periodic reports with the agency. The agency then is usually responsible to the courts and the state for filing regular reports.

There was no formal contract between foster parents and foster child in Brace's system. Foster parents were expected to provide the child housing, clothing, food, and education and to treat the child as if he were their own. The child was not expected to learn a trade, and there was no formal agreement about working. However, the child often was required to help with the productive work of the family, such as farming or housework. Older children who were capable of work often were chosen first by foster parents. Since there was no obligation on the part of foster parent or foster child, older children sometimes ran away shortly after placement. Today, foster parents do have a formal obligation to care for the child. Although there is sometimes an attitude that foster parents are to treat a child as their own, foster parents today have to view themselves as having special obligations for meeting the special needs of their foster child. Foster prents now recognize that foster children always have special concerns and needs that require special attention and consideration beyond the requirements of the normal parenting situation.

6. Discuss Charles Britwell's influence on foster care practices.

Stimulus Questions: --What practices did Britwell emphasize in placing a child are still important today?
--What vision did Britwell have for foster care?

Britwell emphasized evaluating the individual needs of children when placing them in homes. He felt efforts should be made to place each child in a home that was compatible with his needs. Today caseworkers use the same principle, but their evaluation is more thorough than those in Britwell's time. Caseworkers now have more knowledge in psychology, child development, and family relationships to help them in understanding the needs of each child and in making the placement decision.

Britwell thought there whould be a systematic evaluation of foster home applicants. Today, foster home applicants are interviewed by the caseworkers about their family history, their family interaction, their interests, and their abilities with children. In addition, foster homes must meet the state's licensing requirements which usually provide for the health, safety, and stability of the environment.

Britwell believed in continued staff support for foster parents and continued evaluation of the child's needs and the care being given in the foster home. Continued support to and evaluation of foster homes is an important part of foster care today. Caseworkers of today are expected to make regular home visits and to be avialable to foster parents for consultation concerning the foster child. Caseworkers also are responsible for keeping written records of the care provided the child, and foster parents often are asked to help keep records of the child's adjustment and development.

Britwell foresaw foster care's becoming a more professionalized service. His vision is more of a reality today in that foster parents are receiving more education for their role as foster parents before receiving a child and also are being provided with more in-service education for their role.

7. Discuss the issues involved in the controversy about institutional care versus foster family care.

Stimulus Questions:
--Why did institutions originally oppose foster family care?
--Why did the supporters of foster family care oppose institutions?
--What were some of the difficulties of institutional care?
--What are the present day uses of foster family care and institutions?

Underlying the controversy between the advocates of institutions and of foster family care has been the importance and value the society places on family life. Through history from Biblical times most societies have valued being within the family as the best method of child-rearing. This belief was one of the main reasons for Brace's devotion to placing children in foster homes. The first White House Conference on Dependent Children in 1909 formally supported the family as the best place to raise a child. Our society continues to support the family unit by providing many kinds of assistance and services to help keep families together.

At first, advocates of institutions claimed that the regimented life of the institutions provided a much needed structure to the lives of poor and delinquent children. The advocates of institutions suggested that is was not fair to foster parents or to foster children to expect the children to adulst to a family life to which they were unaccustomed. These advocates felt the controlled, routine life of the institution would best meet the needs of these children.

The results of psychological research into the effects of institutional life on the personalities of children were disturbing to institutional staff members. Children who had been raised in institutions were found to be hyperactive, hostile, and aggressive and to have difficulty in relating to peoples. These findings plus some very real problems with health and sanitation in the institutions caused the institutions to re-evaluate their own organization and to see foster family care as an alternative. Institutions began to decentralize by developing cottage or residential settings. The residential settings provided the control and routine of the institution and the small group atmosphere of family living.

Foster family care has become a widely used and accepted method of caring for children whose families are not able to care for them. Although foster family care is thought to be the best substitute for the natural family and institutions often considered a last resort, the services provided by the two are now thought of as complementary. The child welfare philosophy of today is based on placing the child where his needs can best be met. Residential treatment centers and group foster homes (which are in between the two extremes) have evolved in order to meet the individual needs of each foster child. And treatment centers may employ foster parents with special skills in caring for children as they leave residential care. Often foster parents work with psychologists, psychiatrists, and therapists with treatment centers on meeting the special needs of their foster children.

8. Discuss the influence of humane societies on child welfare.

Stimulus Questions:
--Why were humane societies originally formed?
--How did the humane societies bring public awareness to the rights of children?
--Is there any difference between the attitudes held by the humane societies of the late 1800's and the attitudes of people today toward child abuse and neglect?

The public seemed unaware of or refused to acknowledge the neglect and abuse that children often suffered at the hands of adults until the classic court case of Mary Ellen. In that case of an abused foster child, a churchworker used the support of a humane society (organzied to protect animals from abuse and neglect) to plead her case in court. When the court upheld the church worker's plea that "children are animals, too," and deserve protection, the public became aware of the problem. Humane societies began to include children as a part of their organizational protective efforts. Humane socieites began to promote legislation to protect children from abuse and neglect and promoted public awareness of the plight of children.

Unfortunately, in their zeal to protect children, humane societies promoted the attitude of punishing the parents who were neglectful or abusive. Becasue of an increasing understanding of family interaction and of circumstances that lead to child neglect and abuse, our society is changing its harsh, punishing attitude toward parents. There is a growing awareness of the need to help families in times of crisis and stress in order to prevent neglect and abuse from occuring. Also it is becoming increasingly apparent that rehabilitation of neglectful and abusive parents is important to the welfare of the child, the parents, and the community.

9. Discuss the contributions made by Mary Boretz to foster care practices.

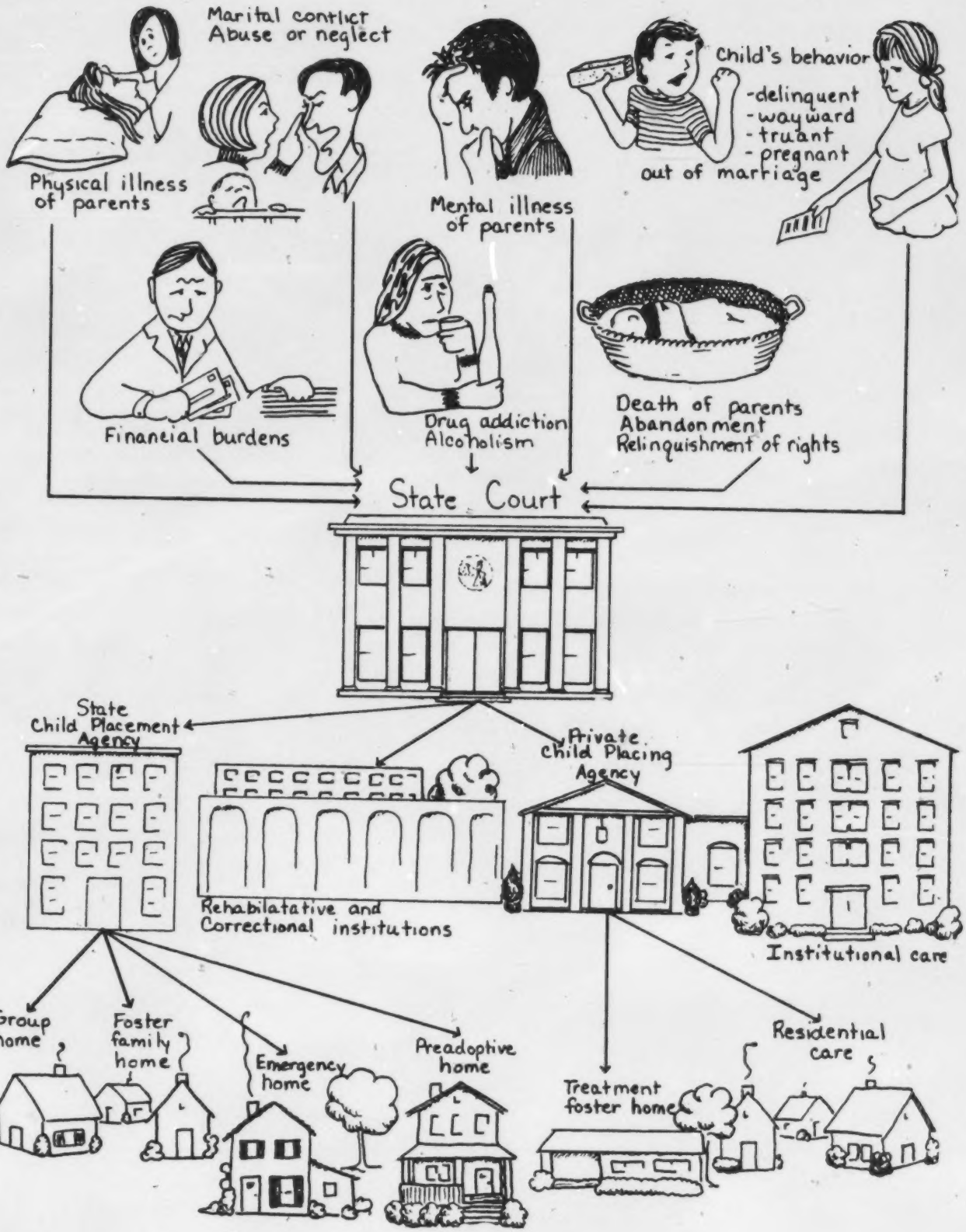
Stimulus Questions: --What was Mary Boretz' opinion of foster parents?
--What kinds of support did Mary Boretz provide for foster parents that are still available to foster parents today?

Mary Boretz strived to make the public aware of the fact that foster parents provided a tremendously valuable service to the community. She promoted the idea that their service was a professional service. Today, with more children coming into foster care with specialized needs, foster parenting has become an even more valuable profession, requiring special skills and abilities.

Mary Boretz emphasized that caseworkers should provide support to foster parents through regualar home visits. She was one of the first persons to have group meetings for foster parents. She felt that in group meetings foster parents could share their frustrations and the learning experiences and joys of foster parenting. Boretz believed in providing educational experiences for foster parents, and she was innovative in the use of foster parents to recruit new foster parents. Boretz was also a firm believer in maintaining contact between the foster child and the natural parents.

The innovative ideas and beliefs of Mary Boretz are all widely accepted in foster care practice today. There now are more educational opportunities for foster parents before they receive a child and more in-service education. Foster parents not only are taking advantage of educational opportunities but also are coming into the foster care system with more skills. Foster parents have organized into groups on local, state, and national levels, not only for showing their learning experiences but also for education of the community about the needs of foster children.

Of even more importance today is the ability of foster parents to work with natural parents. Foster parents are seen today as a part of a team which is working to meet the needs of the child in the best way possible. Natural parents as well as agency, court, and community representatives are all part of that team.


Marital conflict
Abuse or neglect
Physical illness of parents
Mental illness of parents
Child's behavior
-delinquent
-wayward
-truant
-pregnant
out of marriage
Financial burdens
Drug addiction
Alcoholism
Death of parents
Abandonment
Relinquishment of rights
State Court
State Child Placement Agency
Private Child Placing Agency
Rehabilatative and Correctional institutions
Institutional care
Group home
Foster family home
Emergency home
Preadoptive home
Treatment foster home
Residential care

TRENDS IN FOSTER CARE
INSTRUCTOR NOTES

A. ACCEPTANCE OF FOSTER FAMILY CARE

Since the time of Charles Loring Brace and his system of "placing out," foster family care has become the most accepted method of substitute child care. Three-fourths of the 364,000 American children in substitute child care are in foster family care. The remaining one-fourth are in various child care institutions.

Research continues to support the belief that, for most children, foster family care is the best substitute for the child's own family. The warmth, responsiveness, and stimulation which research has shown that children need to experience from persons in their environment are almost impossible to provide adequately in an institution but are provided readily in a foster family home. In addition, foster children need to experience the structure of a family unit. Research also has shown that children best learn the values, morals, social order, and justice of our society within the structure of the family.

Increased supervision and regulation of foster homes have overcome most of the early objections about their quality of care. In most states, a foster home now must be inspected by state agency personnel to insure that the environment is safe and healthy for a foster child. Most states also require that records be kept of the child's adaptation and progress in the foster family home, and this record keeping requires the agency social worker's regular visitations.

B. CARING FOR THE INDIVIDUAL NEEDS OF THE CHILD AND HIS FAMILY

THE CASEWORKER

At one time social workers were viewed as righteous persons who "snatched" the child from his "wretched" situation; they were thought of as persons who placed the child in an institution or foster home with little concern for his needs or his family.

Fortunately, agency caseworkers involved in foster care placement decisions today create careful plans for meeting the needs of the child and his family. They make home visits to evaluate the child's needs, as well as consider the reports of other community agencies. Whenever possible, the caseworkers try to help the child remain with his family by putting the parents in contact with supportive services. If the decision is made to place the child in foster care, caseworkers consult with the child's parents, the child, the foster parents, and other community officials who are in contact with the family; and together they create the best plan for the child's care and treatment. This care plan then is updated periodically. (This discussion concerns a trend toward better methods of casework in foster care; however, some caseworkers are more enlightened and progressive than others.)

EMPHASIS ON SUPPORTIVE SERVICES

There have always been some community programs through church or charitable organizations to provide financial aid to families. But in the early 1900's a trend toward an emphasis on supportive services to families began, and the government started to take an active role in the financial support of families in need. The Social Security Act of 1935 provided financial support to families who were experiencing financial burdens because of unemployment and the desertion or death of a spouse. Today federal, state, and local government programs of financial assistance to families have expanded to include provisions for adequate food, clothing, housing, medical care, and burdens. The trend has become one of preventing separation of child from parents solely on the basis of the family's financial problems.

TYPES OF SUPPORTIVE SERVICES

The early 1900's also saw the beginning of homemaker and day care services. Homemaker services originally had the mission of providing a "substitute" mother in the family in such cases as the illness or death of the mother. However, now homemaker services are provided in a variety of family situations in order to help maintain the family unit. They may be used when one of the parents has a physical or mental handicap which prevents him from fulfilling his family role optimally. Homemaker services may be used when a child has a physical or mental handicap which demands a great deal of time and energy from the parents in order to provide them periodic relief from the demanding care of the child. Homemaker services may be used in the rehabilitation of neglectful and abusive parents, for often they need relief from household and child care responsibilities, as well as positive models of the skills involved. In addition, homemaker services may be used when both parents need to work outside the home or when only one parent is in the home (especially if there are small children in the family).

Day care services aid the family primarily when both parents work outside the home or when the parent in a single-parent family has to work outside the home. Day care for children with physical or mental handicaps may be used for support and relief for parents. And day care may provide relief for abusive parents when they are experiencing stress from their child care responsibilities.

With increased research into the principles of human development, psychology, sociology, and family life has come an increase in the availability of counseling services through guidance and mental health centers. Counseling for both children and parents has become an integral part of many foster care systems. The guidance and mental health centers often offer educational opportunity for parents and children to learn the skills necessary for family living.

The services available to parents and children from a local base have become quite varied through the years. High schools, community colleges, and vocational schools also may offer opportunities to learn family living skills, as well as opportunities to learn skills for occupations. These community educational opportunities for parents are supportive services that can help keep families together. Parents may be having difficulty with their roles as parents or spouses simply because they need better understanding of the roles and the skills needed to carry them out. And often parents who are experiencing the stress of financial burdens need more skills training so that more profitable occupations are possible.

Some communities have created emergency child care centers that are available 24 hours a day to families in crisis. Often these emergency care centers have overnight residential accomodations for children (and sometimes whole families) while other living arrangements are made for them. These centers almost always have foster parents available for emergency child care. Usually these centers operate day care and youth programs as well as parent education programs. Counseling and financial and medical support in connection with other community facilities usually is provided, as well.

Many communities are establishing crisis "hot lines" for abusive parents. These "hot line" programs usually involve phone consultants as well as other counseling services. Often volunteers, who are parents themselves, maintain contact with abusive parents to provide support during crisis periods. And these "hot lines" often are connected with emergency child care centers so that children can receive care and protection whenever necessary.

Other community resources, such as recreation centers, medical centers, remedial learning centers, information centers, and library outreach programs, are supportive to families who are experiencing stress. Caseworkers often can involve children and parents in community programs of various resource centers and through the community programs help relieve some of the stress the family members are experiencing.

COMMUNITY RESPONSIBILITY FOR THE CARE OF CHILDREN

More and more it is being recognized that foster children grow and develop best not only as members of a foster family but also as a part of the community. Children who are placed in large institutions are isolated from the community. They do not have an opportunity to experience the functioning and activities of the community. And foster children need to experience the cooperation that is essential among members of a community. They need to experience the responsibility that members of a community have for one another. Foster children need to experience the privileges and benefits that are a result of interaction among members of a community. Persons involved in child care are recognizing that growing up as a part of a community is the best way for foster children to become mature and productive members of the community and that foster family care provides the opportunities more readily than the institution.

Community members also are coming to recognize their own importance to quality foster care. Community involvement with foster children is demonstrated by the organizations of local citizens to promote good foster care. In many metropolitan areas, citizens' groups have organized to advocate action on the concerns of foster parents and foster children and to help to integrate foster children into the life of the community. On a broader front, National Action for Foster Children is involved with helping provide for the needs of foster children by stimulating community involvement. These citizens' groups all are based on beliefs that value all children, that recognize that all children have some basic rights, and that prize the welfare of children as important to the welfare of the community.

SPECIAL PROBLEMS--
OF INCREASING NUMBERS OF FOSTER CHILDREN

The number of children needing foster care increases each year. Until the early 1900's many of the children who came into foster care were orphans. Today most children in foster care have one or both parents living. For example, parents sometimes place a child in foster care when they decide to relinquish parental rights (as in the case of an unwed mother). Sometimes parents voluntarily place a child in foster care because of a temporary crisis in the family. If the child's needs are not being met in the family, the courts may remove the custody or guardianship of the child from the parents and place the child in foster care. Sometimes mistreatment of the child may bring his removal into foster care. Whether the child is placed voluntarily by the parents or involuntarily through the courts, the need for foster care is most often the result of family stress and disruption. Therefore, along with the increased numbers of children coming into foster care, there is an increased number of children who have experienced a variety of stresses within their families and who have special needs.

EMOTIONAL AND BEHAVIORAL PROBLEMS

Often children come into foster care with severe emotional and/or behavioral problems. They may have experienced neglect. They may have suffered physical or sexual abuse. They may be involved in drugs, alcohol, or sexual promiscuity. Any of these will mean that besides having the skills for helping the child with the developmental tasks of growing up, the foster parents must have the skills for dealing with these special emotional and behavioral problems. Often foster parents may need to consult with counselors, therapists, school officials, or probation or juvenile court officers. Creating and carrying out a plan of care for these children is a challenge to all members of the foster care team.

MENTAL AND PHYSICAL HANDICAPS

Today more children are coming into foster care with mental and physical handicaps that cannot be dealt with in their own families. Foster parents must have an understanding of the handicap of the foster child who comes into their home. Foster parents who care for handicapped children also must work cooperatively with such community foster care team members of physical therapists and special education teachers. As with children with emotional and behavioral problems, special care and planning is necessary in order to meet the needs of the foster child with a mental or physical handicap.

GROUP HOMES FOR CHILDREN WITH SPECIAL NEEDS

Group homes that are organized around the special needs of children probably have been one of the stronger trends in foster care in recent years. It has been particularly advantageous and successful for foster children with special needs to be in a family setting with other children who have similar needs. Foster parents in group homes often have had more specialized training and have developed specialized skills for working with the particular needs of their foster children. The group homes also have the advantage of keeping children within a family and the community when otherwise they might need institutional care. Group homes have worked particularly well with children who have developmental learning handicaps, for children with such physical handicaps as epilepsy and cerebral palsy, for those who have emotional problems (especially those teenagers who are involved with drugs or alcohol or who are sexually promiscuous), and for unwed mothers, both before and after childbirth.

EDUCATIONAL OPPORTUNITIES FOR FOSTER PARENTS

Because of the increased numbers of foster children who have special emotional, behavioral, physical, or mental handicaps, more foster parents are taking advantage of more educational opportunities. There has been an increase in educational opportunities for foster parents through mental health centers, high schools, community colleges, vocational schools, and other social service agencies. The National Foster Parent Association and the state affiliate associations have been offering educational workshops for foster parents. The Federal government also has been providing grant funds for the development and implementation of educational materials about foster parenting. Foster parents now have many opportunities to learn what is expected of them as foster parents and to develop skills for working with foster children who have special needs.

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TRENDS IN FOSTER CARE
DISCUSSION QUESTIONS

1. Have foster parents discuss the community resources available to foster parents:

   Stimulus questions
   - --Where are the recreation centers, and what kind of programs do they offer for youth?
   - --Does your community have a mental health or guidance center?
   - --What kind of educational programs does your community offer youth? Where are the schools?
   - --Does your community have remedial learning programs or a developmental learning center?
   - --Does your community have an emergency child care center or a crisis "hot line"?
   - --What services does your local library offer youth?

Foster parents could make a list of community resources available to youth and share it with the group. (As a homework assignment, they might add the addresses, phone numbers, and directors of programs to the list for their own reference.) Foster parents could share which community resources they have found helpful in meeting the needs of foster children. In sharing their list of resources, foster parents could emphasize the additional resources needed in their communities and how to establish the additional resources. Other foster parents in the group might be able to share insights and experiences about establishing specific community resources.

2. Have foster parents discuss the special needs of foster children they have had in their homes.

   Stimulus questions
   - --Have any of the foster children been classified as wayward or delinquent?
   - --Have any of the foster children been involved in drugs or sexual promiscuity?
   - --Have any of the foster children been physically or sexually abused?
   - --Have any of the foster children had mental or physical handicaps, learning disabilities, or chronic illnesses?

The reason for sharing examples is to help other foster parents or potential foster parents recognize special needs of foster children. Most foster parents have a wealth of experiences to share which will be valuable testimony on the special needs of foster children.

Foster parents should share examples without using names or details that would be detrimental to the foster child or his family. Each foster parent could write down information about a foster care situation that he felt illustrated the special needs of a foster child, and the instructor could share the information with the group for discussion. Or the instructor could moderate an open discussion of illustrations, making sure each foster parent is allowed equal opportunity to share.

3. Have foster parents discuss their participation in planning for the needs of foster children in their homes.

   Stimulus questions
   - --How often do you consult with the caseworker about the needs of the child?
   - --What records, such as daily notes, do you keep of the child's adjustment and growth and development?
   - --Do you or your caseworker have regular consultations with other community agencies, such as courts, schools, and mental health officials?

Foster parents are a great resource for creative and innovative ideas about planning for the needs of foster children that can help other foster parents and agency workers develop more constructive and helpful ways of dealing with various foster care situations. For instance, some foster parents may have unique suggestions about how and what information might be jotted down to share with caseworkers and natural parents about the foster child's adjustment or development. Some foster parents may have constructive suggestions for how to consult with other community agencies. Or foster parents may have constructive suggestions for working as a part of the foster care team while planning for the needs of the child.

4. Have foster parents discuss their involvement in community programs for foster children.

Stimulus questions
--Does your community have an advocacy program for foster children?
--Does your community have a local foster parent organization?
--What educational programs are available to foster parents in your community?
--Does your community have organization of volunteers to aid foster parents in their work with foster children?

Foster parents who have been active in establishing organizations for foster parents will be able to provide valuable insights into the process. Foster parents will be able to tell about the various prgorams that have been most helpful to themselves and to foster children as well as about those programs that have stimulated greater community awareness and involvement. Foster parents might list and disucss their needs or the needs of foster children that could be met through community organizations.

Section II - Unit III

KINDS OF FOSTER CARE PLACEMENT
INSTRUCTOR NOTES

Agency personnel use various terms in referring to their foster care caseloads--"voluntary" and "involuntary," "temporary" and "permanent," "short-term" and "long-term" and "emergency." These terms may seem confusing to the foster parent who is trying to understand the foster care system. But foster parents need to know what kinds of placements are made and perhaps which kinds they are most likely to experience or would prefer.

Foster care placements may be made *voluntarily* by a child's parents. Voluntary placement usually indicates that the parents have recognized that they are unable to care for the child at that time. The parents may place their child privately in the home of a friend or relative without the aid of the agency, but quite often the agency is consulted. Often the parents recognize that they are in a stressful situation and that they are in need of assistance and contact the agency for that assistance. In consulting with the agency worker, the parents may agree that the child could be cared for best by being placed in foster care. But the agency worker probably will try to reduce the stresses on the family by putting the parents in contact with such other services as day care, homemaker services, or those that provide financial aid before the foster care placement decision is made. Voluntary placement is advantageous because parental consent usually means that the parents will be cooperative and helpful to the child's adjustment to placement, that there will be more commitment to visiting the child and working with the foster parents, and that the parents will have more commitment to resolving stresses in their family so that the child can be returned to his own home.

A parent who is planning to relinquish parental rights may voluntarily place a child in foster care until legal action is completed. The child may be placed in temporary foster care until he is adopted or may be placed in permanent foster care. (See the discussions on temporary and permanent foster care.) The case of the unwed mother who is not able to keep her child and places him for adoption is the primary application of this type of placement.

When a child is placed in foster care *involuntarily*, this implies that he is being placed without the consent of his parents. Involuntary placement is a decision that is made through court action; the court removes legal custody or guardianship of the child from his parents and places it with the agency or with other persons. When *custody* is transferred to an agency, the legal *guardianship* or rights of the child remain with the parents. When the child is placed in foster care involuntarily, the agency maintains custody and delegates some of the responsibilities of care to the foster parents. This means that the parents must be informed of, and in some cases give consent for, the child's activities. When *guardianship* of the child is transferred, this means that the parents no longer have any legal rights to the child. Guardianship usually is transferred to the agency and later to adoptive parents by the court.

Custody of the child most often is removed from parents when the court feels there is evidence of neglect, abuse, or abandonment on the part of the parents. The custody also may be transferred if the parents are not able to manage or cope with the child's behavior. The testimony of caseworkers, school teachers, the police, physicians, counselors, and neighbors may be considered in the decision to transfer custody. The court often makes recommendations about whether the child should be placed in foster family care or in an institution and about the amount of time before the case should be reviewed.

Most courts hesitate to remove guardianship from the parents without their consent or agreement. In cases of extreme neglect, abuse, or abandonment, in which there is little hope of rehabilitation, the court will sever legal guardianship rights of parents. This severing of parental rights often occurs only after the child has been in foster care several years and is often the result of action taken by the agency or foster parents. When legal rights have been severed, the child may be placed in permanent foster care or may be placed for adoption. (See the discussion on permanent foster care.)

Foster care placements often are classified as either *temporary* (short-term) or *permanent* (long-term). Temporary foster care placement means that the goal of the placement is either to return the child to his family or relatives as soon as possible, to place the child in an adoptive home, or to place the child in another, permanent foster care situation.

The unspoken and accepted goal of foster care often has been based on the belief that the child is cared for best within his own family. Therefore, it always has seemed that every effort should be made to return the child to his home as quickly as possible. This goal still is an important underlying preface to foster care placement decisions, but caseworkers now recognize that there are many situations in which it is impossible to return a child to his home.

When the goal of temporary placement is the return of the child to the home, implied in that goal is a change in the family situation. Changing the family situation implies that the agency needs to work with natural parents, child, foster parents, and other community agencies to bring about the change. Changing the family situation implies setting goals and timetables for change and providing regular evaluation of whether the goals are being achieved. If the reason for the temporary placement was the family's financial difficulties, financial assistance and counseling for parents may be necessary. If marital conflict was the reason for a placement, resolving the conflicts through marital counseling may be necessary. If child abuse or neglect was the reason, parents may need to learn effective parenting skills and be provided with supportive services in the home. If the child's behavior was the reason for placement, the child may need counseling to learn skills for living effectively within his family. If physical or mental illness was the reason, the family may need such health services as hospitals, physicians, therapists, and/or specialists.

Young children, especially infants, often are placed in temporary foster care until the agency can arrange for an adoptive or permanent foster home. Parents may have chosen to relinquish parental rights, or the courts may have severed parental rights so that the legal guardianship of the child is to be transferred to his adoptive parents. If the child is not adopted after the parental rights have been severed, the guardianship of the child remains with the state, and arrangements are made for permanent foster care.

Permanent foster care placement may be used when the agency determines that because of the needs of the child and his family, the child will remain in foster care until he reaches the age of majority. The agency may decide that the mental or physical health of the parent has not, and probably will not, improve sufficiently over time to allow the parent to care for the child. The agency may decide that the marital conflicts between parents will not be resolved (and often one or both parents desert the child). The agency may decide that its attempts to change the family parenting methods enough to prevent neglect and abuse have been ineffective. The agency may decide that the child's behavior has not, and probably will not, change sufficiently to allow the child to live with his parents. The agency may decide that the child has a mental or physical handicap that cannot be cared for effectively within his family.

In some cases of permanent foster care, though parental rights have been severed (voluntarily or involuntarily), the child may not be readily adoptable because of the special nature of his needs, such as a mental or physical handicap. In such cases the state maintains legal guardianship of the child and is responsible for supervision of his care.

In other cases, the child is placed in permanent foster care while his parents maintain their parental rights. When the parents maintain their parental rights, the agency tries to establish a formal agreement between the agency, natural parents, foster parents, and the foster child (when possible). This formal agreement or contract not only plans for the long-term needs of the child but also specifically designates the rights and responsibilities of each of the parties. In other words, though the parents maintain legal guardianship, this formal agreement delegates some of the responsibilities to the agency--such as supervision and support of foster parents--and some responsibilities to the foster parents--such as authority to make decisions about the child's life without getting parental consent.

Emergency foster care homes maintain space for the care of children who may be placed at any time of day or night and who will remain for no more than thirty days. Emergency foster care is used when immediate removal of the child from his home is essential to his welfare. In emergency foster care the child is placed until thorough investigation of the fmaily situation and of the needs of the child is made. If possible, the child is returned to his family. If he cannot return to his family, other foster care arrangements are made.

Foster family *group homes* are becoming increasingly useful form of foster care. A group home usually is based on six to twelve children with special mental, physical, emotional, or behavioral needs. The group home may be privately owned and operated by the foster parents in contract with the agency, the agency may own the home and hire foster parents (or "house parents"), or the foster

parents may rent and operate an agency-owned group home in contract with the agency. The group home usually has foster parents or houseparents who have special training and/or experience in working with the special needs of these foster children.

A *treatment foster home* is one in which the foster parents have had special training to work with the distinctive needs of the foster children placed in their home. Often the foster parents receive the special training from a particular agency or institution from which they have agreed to accept foster children. These foster children often need therapy or other services of the institution, and the foster parents are in regular consultation with the therapeutic staff of the agency or institution in order to carefully plan the foster child's treatment and care. Treatment foster homes are useful to children who have need of the services of the institution but who need to learn to function in a family and community setting.

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Kinds of Foster Care Placement Case Studies

Case Study -- Voluntary Placement

FACTORS IN THE FOSTER CARE PLACEMNT

1. Desertion of the father
2. Financial burdens
3. Marital conflict
4. Neglect of the children and threat of abuse
5. Personality problems of the father

Mrs. Troy seemed extremely depressed when she came to the agency for assistance. She said that her husband had left her and had not been home for almost a month. Mrs. Troy had three children--Teresa, six months old; Toni, two and one-half years old; and Tommy, four years old. Mrs. Troy said she and her husband had argued several times about the children and that Mr. Troy had left her before when Toni was a baby. She felt that her husband was terribly jealous of the attention she gave the children. She said that Mr. Troy had spanked Tommy viciously; she was afraid he might hurt Tommy. Since Mr. Troy had been gone for almost a month and had provided no support to the family, Mrs. Troy did not know how she was going to maintain their home and care for the children.

The agency caseworker visited the home and felt that in Mrs. Troy's depression and confusion about her husband, she had neglected both the home and the children. The caseworker worked out an agreement with Mrs. Troy for the children to be placed in foster care while the agency helped their mother to resolve some of the marital conflicts. A plan to contact Mr. Tory and to arrange counseling for both Mr. and Mrs. Troy was made.

In this situation the mother recognized that the conflict with her husband and his subsequent desertion made it difficult for her to care for the children. It seemed best for the children to be placed in foster care until the marital conflict and the father's personal problems could be resolved.

Case Study--Involuntary Placement

FACTORS IN THE PLACEMENT DECISION

1. Neglect
2. Possible financial burdens

Miss Diner has two small children--a boy, three and one-half years old, and a girl, fifteen months. Although the parents have never married and the father did not live with them, the children saw their father regularly. Miss Diner has a job at a local bar, so often she was gone most or all of the night. Miss Diner has an apartment, but the children spent their nights and most of their days with a neighbor family. This family has five children and lives in a small two bedroom house.

Other neighbors in the community reported to the agency that they felt the children were not getting adequate care and that the health of both children was suffering. The agency caseworker investigated these charges and agreed that the children were not getting adequate care.

The caseworker tried to secure the cooperation of Miss Diner in making better provisions for the care of the children. Miss Diner refused to make other child care arrangements or to give consent for foster care placement; therefore, the courts awarded the agency protective custody of the children. The children then were placed in a foster home until Miss Diner was able to make changes in the home and in child care provisions.

The neighbors first recognized that the health of the children was endangered. Miss Diner did not seem to be making any attempts to provide for the needs of her children. Perhaps she had some financial concerns for which she had not sought assistance. But since Miss Diner was not cooperative, the courts needed to place the children in protective custody.

Case Study -- Temporary Foster Care and a Return to the Family

FACTORS

1. Marital conflict
2. Financial burdens
3. Abusiveness
4. Possible alcoholism
5. Truancy of child

Mr. and Mrs. Wren began having marital conflict when Mr. Wren was "laid off" his factory job. The Wrens have five children, ages 12, 10, 7, 4, and 2. While Mr. Wren was out of work, Mrs. Wren took a job as a waitress to help suppcrt the family. Mr. Wren greatly resented the factory's decision affecting workers like himself, and he greatly resented his wife's taking the role of breadwinner. He began to drink heavily. He became irritable and became verbally and sometimes physically abusive to both his wife and the children. He could not be trusted with the care of the young children. The twelve-year-old was reported truant from school several times, and school officials reported the truancy to the social service agency for investigation of home life.

The agency caseworker found that Mr. Wren often left even the young children unattended while Mrs. Wren was at work. Because of the drinking problem and his abusivenss, the caseworker suggested that the two younger children be placed temporarily in foster care. Mrs. Wren consented but Mr. Wren objected. Therefore, the courts issued the agency protective custody of the two younger children, and they were placed in a foster home. The agency maintained contact with the family, attempting to provide counseling for Mr. Wren and attempting to find employment for him. In the meantime, it became apparent that the twelve-year-old was still truant from school, so he also was placed in a foster home. Finally, Mr. Wren was able to secure a job. After Mr. Wren's having two months on the job and continued counseling, Mrs. Wren quit her job, and the agency felt that the children could return home.

A combination of factors and their interactions brought the decision to place the three children in foster care. The agency was successful enough in resolving some of the problems that the children could be returned home within a few months.

Case Study -- Temporary Foster Care before Adoption

FACTORS

1. Desertion
2. Financial burdens
3. Immaturity

Tami came into foster care at two months of age. Her father and mother had been married two months when her father disappeared, but Tami's mother, Judy, planned to keep her baby. Judy and her husband had moved to a distant city and had no other relatives close by. When Tami was born, the hospital social worker tried to locate Judy's parents. Judy had been pregnant when she got married so her parents refused to acknowledge Judy or the baby. The hospital social worker put Judy in contact with a social service agency to provide her financial assistance. After two months Judy was having a great deal of difficulty managing her finances and coping with the demands of an infant. Tami was becoming malnourished and colicky. Judy and the agency caseworker decided that Tami should be placed in foster care until her health improved and Judy was feeling more capable of caring for the baby. After a few months Judy decided that it would be a long time before she could feel confident in caring for Tami, so she relinquished her parental rights and placed Tami for adoption. Within another month the agency caseworker had located adoptive parents for Tami.

Judy was young and needed to grow and mature herself. Without the support of her husband, relatives, and friends, it was difficult for Judy to manage a household and learn the skills for caring for an infant. After Judy had considered her needs and the needs of Tami, she decided to relinquish parental rights so that Tami could be placed in an adoptive home.

Case Study -- Temporary Foster Care (Emergency Foster Care) to Permanent Foster Care

FACTORS

1. Death of a parent
2. Alcoholism
3. Financial burdens
4. Threat of abusiveness

When David was eight years old, his mother died as a result of cancer. Then David's father, who is an alcoholic, began drinking even more heavily. His father had not had a job in over a year when David came into foster care.

Both the school and neighbors in the community reported that David seemed dirty and thin. The school also reported that David had been absent from school for no apparent reason and that when the teachers had attempted to contact David's father, he had made no response. The police picked David up several times late at night when he had been out on the streets after curfew. The social service agency attempted to contact the father, but he refused to consult with the workers.

One night neighbors reported to the police that David's father was apparently drunk and that they could hear him yelling threats and obscenities. When the police arrived. David was running out of the house with his father staggering out behind him. Police placed David's father in jail overnight, and David was placed in emergency foster care.

The following week after receiving reports, the courts placed David in a temporary foster care home. While his son was in foster care, David's father planned to seek help for the alcoholism and to try to find a job. The case was reviewed at six months and at one year. It was found that David's father had made little progress toward his goals. The court advised that David be placed in a permanent foster care home. David's father signed a contract with the agency to delegate some of his parental rights to the foster parents. It was agreed that David could visit his father on weekends and holidays. The agency agreed to maintain support and supervision of David in the foster home.

The neighbors and the school were the first to recognize and report the extent of difficulty that David and his father were having. The police also were aware of the problem, but it took a crisis situation before David came into foster care. Emergency foster care provided a home for David when it was not possible to secure a foster home on short notice and until the case could be reviewed. After David had been in temporary foster care for a year, it seemed best that more permanent arrangements be made for his care. Since David's father did not seem to be able to provide adequate care, David was placed in a permanent foster home.

Case Study -- Permanent Foster Care

FACTORS

1. Physical illness of the mother
2. Alcoholism of the father
3. Finances
4. Child's behavior

Mrs. Robinson, who had been diagnosed as having multiple sclerosis six years ago, was physically unable to care for her children or herself. Mr. Robinson, who had been an alcoholic for many years, was unable to hold a full-time job. He did hold part-time positions, and Mrs. Robinson received a small amount of Social Security benefits. Their daughters--Patty, 15; Cindy, 13; and Christy, 11--had been under the stress of family disorganization for several years. Although they were bright, perceptive girls, they lacked understanding of the basic routines of normal family life. They had adapted to spending what little income they had during the first few days of the month and then living virtually without resources for food or other necessities toward the end of each month. They had not learned personal hygiene or housekeeping skills.

Christy started becoming a problem for Mrs. Robinson by occasionally skipping school and staying away from home. Mrs. Robinson ultimately sought help at the agency, and Christy was placed in a foster home at that time. Only a few months later the Robinsons and the agency personnel agreed that Patty and Cindy also should be placed in the foster home. Patty did not want to leave her mother and father at first, but she finally agreed to go. With the support and help of her foster parents, Patty still maintains daily contact with Mr. and Mrs. Robinson in order to help them with managing their lives. There is little probability of any of the girls being returned to the home.

Christy's behavior was the stress factor that brought the family's difficulties to the attention of the agency. The parents recognized their inability to care for the children under existing circumstances and voluntarily placed them in foster care.

Case Study -- Permanent Foster Care

FACTORS

1. Financial burdens
2. Child's physical and mental disabilities

Timmy came into foster care at age five. He was the youngest child in a family of seven children. Timmy's father rarely had a steady job but took odd jobs around the community, which usually lasted for short periods of time. Timmy's mother struggled to make ends meet in caring for the seven children. His mother recognized that Timmy had special needs even when he was a small baby, but she had little time or resources to spend providing for those special needs. By the time he was five, Timmy was a difficult child to manage because of his hyperactive behavior that kept him constantly moving from one activity to another. He hardly could speak and usually had to be helped to eat and dress. Most of the time the other children ignored or taunted Timmy, for he was often in their way.

The social service agency became aware of the problem when Timmy's father applied for financial assistance. After investigating the home situation, the caseworker suggested that Timmy might need special help and asked that his parents agree to place him in a foster home. As both parents could no longer manage or cope with his behavior, they readily agreed. After thorough examinations it was discovered that Timmy had minimal brain damage, almost no hearing, and greatly reduced vision. Timmy was placed with foster parents whose children were grown and who had special skills for working with Timmy's special needs. The social service agency made arrangements to place Timmy in a school for children with learning disabilities during the day. The foster parents, agency, and school worked together in planning for meeting Timmy's needs. After his spending a year in foster care, Timmy's parents signed a contractual agreement to keep Timmy in permanent foster care.

Section II - Unit IV

Factors in Foster Care Placement
INSTRUCTOR NOTES

Most persons choose to become foster parents with only a vague perception of what kind of child will be placed in their home or why the child might need foster care. Until the child arrives, they may have little information about his size, age, his family history, or the factors which brought him into foster care. They may hold some preconceived ideas about the foster child, but these ideas may or may not be accurate. Some preconceived ideas--such as "His life must have been awful until now," "He must be really glad to be out of that family," or "He must hate his family"--can even be detrimental to the foster care situation.

Obtaining an accurate perception of the factors involved in foster care placement is not only important to those making the decision to become foster parents but also to foster parents preparing to provide foster care services. One way of obtaining an accurate perception of the foster child and his need for foster care services is to explore the factors involved in his placement.

Perhaps the first thing for foster parents to realize is that the factors probably cannot be pinpointed easily. The child usually comes into foster care after his family has had many stressful experiences. Although one major stressful experience may stand out as the main reason in the decision to place the child in foster care, an interaction of stresses is involved in the need for placement. For example, financial burdens, illness, and marital conflicts may be factors that interact to cause or lead to a crisis that leaves the family unable and/or unwilling to care adequately for the child. It is often difficult to separate out the stress factors that lead to a family crisis: the mental illness of a parent may relate to his inability to keep a job or result in his abusiveness to spouse or child.

At the outset foster parents also need to realize that whatever the factors involved in placing a child in foster care are, there is always a disrup'ion in family relationships as they exist and as they are understood by members of the family. It is important to understand that placement of a child in foster care means an adjustment for both parents and child. No matter how stressful the family relationships have been, those relationships are important and have meaning to the parents and child. One of the important tasks of the foster parent is to acknowledge and facilitate the adjustment of the child and the parents to the altered family relationships.

Foster parents also need to know the avenues by which a child may come into foster care. Before some placement decisions, the parents themselves may recognize that the family crisis they are experiencing is making it difficult or impossible to care for their child adequately. When parents recognize the extent of the crisis and its effect on their child, they may seek the help of the agency in placing the child in foster care, or they may place the child privately with friends, relatives, or a licensed home. In other cases it is the immediate community that recognizes the extent of the family crisis. Neighbors, teachers, and the police often contact the agency to intervene into the crisis to provide for the needs of the child. The agency will work with parents and community to assess whether foster care is necessary, and the agency will attempt to secure the consent and cooperation of the parents in a decision to place the child in foster care. But if the agency is unable to secure consent, the courts will need to remove the child from the custody of his parents and place custody of the child with the agency--especially when there seems to exist a threat to the safety of the child. And there are instances in which the state has legal guardianship, as well as custody, and the child is placed in foster care that leads to an adoptive home or a permanent foster home. These instances could be those cases in which the child's parents are no longer living or those in which the parents have chosen to relinquish parental rights (as in the case of an unwed mother).

Finally foster parents need an awareness of the variety of factors that lead to placement decisions. Some factors occur more commonly in the decision to place a child in foster care, but it is important to keep in mind that it is rare for only one factor to be the cause of the child's need for placement. As said before, the need for foster care placement is the interaction of several stress factors present in the family situation. A helpful way to recognize the variety of factors is to look at them individually.

Physical illness in the family is often a factor in the decision to place a child in foster care. Physical illness of a parent or a member of the family may come, as it usually

does, unexpectedly and at a time when the family is not able to deal effectively with the stress it brings. Quite often, doctor or hospital expenses place too great a burden on a family's already exhausted budget. Physical illness that requires hospitalization of a parent may leave no one at home to care for the child. Even hospitalization of one child in the family may leave the other children without adequate care in the home. Such physical problems as a stroke, multiple sclerosis, or a debilitating accident may leave a parent unable to care for the child for an extended period of time.

The mental illness of a parent may cause him to behave in ways that are harmful to the health and safety of the child; for this reason the child may require foster care placement. Such behaviors as carelessness that causes the child to be exposed to serious accidents or violent conflicts with a spouse or neighbors which cause the child to be in physical, mental, or emotional danger may be manifestations of mental illness. Other manifestations could be such antisocial behaviors as alcoholism, drug addiction, child abuse, or criminal behavior. These manifestations may best be discussed as separate factors in the need for foster care placement, with the perspective that the parent manifesting these behaviors is in need of mental health.

A parent who is an alcoholic or drug addict may neglect the needs of the child and even endanger the child's health and safety. The alcoholic or drug addict parent may not be able to hold a job, and this may put the family under financial stress. Most of whatever family income there is may go for buying alcohol or drugs, leaving the child without adequate food, clothing, and housing. A drug addict parent is likely to become involved in such other criminal behavior as theft or prostitution in order to support the habit, and this can create an undesirable--if not dangerous--environment for the child.

When a parent is arrested for criminal behavior, his child may be placed in foster care. This is especially true if the other parent is no longer living, has deserted the family, or is unable to manage a family alone. Many times while his parent is in prison, the child remains in foster care until he reaches the age of majority.

Martial conflict that results in physical violence and aggression can create an extremely dangerous environment for a child. Aggression may turn toward the child, or the child may become an accidental victim of the violence. Often a child will be removed from the home until the parents learn better methods of resolving conflicts. Marital conflict which results in the separation or divorce of parents or the desertion of one parent may be a factor in the decision to place a child in foster care. This is especially true if the remaining parent is unable to manage the family alone.

Child abuse and neglect rank high on the list of reasons for the decision to place a child in foster care. While "child neglect" is a rather broad term which probably results from many of the situations already described, it is sometimes difficult to separate child neglect from child abuse. There are some clear-cut cases of physical abuse to the child, such as excessive beating, but the lines between the two are thin and frail and often tragically interwoven. Therefore, they are considered together in this discussion.

When discussing child abuse and neglect, it is best to recognize that there are three factors involved in each case: the child + the parent + the siutation = child abuse and neglect. Research has shown that it is an interaction of these factors, rather than only one factor, that causes child abuse. That is, the characteristics of the child may elicit a set of responses (perhaps anger and frustration) from the parent within the confines of a particular situation that causes the parent to become violent and aggressive toward the child. With another child or in a different situation, the parent might respond in a more appropriate way.

Child abuse and neglect may occur when the parent is too emotionally immature to cope with the difficult tasks of childrearing, especially if the child is a particularly difficult child to manage. Some parents may abuse and neglect their children simply because they lack knowledge and understanding of normal child development and lack the skills for dealing effectively with the developmental stages their child passes through. Or parents may abuse their child in an overzealous attempt to discipline the child and manage his behavior. Lack of knowledge, inability to cope, and overzealousness are characteristics which are particularly true of parents who are mentally deficient. A parent may have a neurotic or psychotic personality problem. The personality problem may be so severe that the act of child abuse or neglect may be considered sadistic or criminal.

Though any of the manifestations dicussed above can lead to a child's being placed in foster care, a parent's mental illness is more likely to result in his child's placement when hospitalization or intensive treatment for the illness is required.

A child also may come into foster care because of his own behavior problems or his

conflict with other members of the family. Often a child's behavior is so much in conflict with his parents' or other family members' that it seems best for all concerned that the child be placed in foster care. This in no way implies that the conflict is the child's fault or that he is "bad." It simply means that there does not seem to be resolution for the conflict within the family. In most cases, both parents and child need to learn better methods of communication and conflict resolution. However, there may be instances when the child needs therapy or counseling to change his behavior patterns.

Sometimes a child's behavior brings him into conflict with the law. When a child's behavior is antisocial to the extent of breaking the community's laws and regulations, the child may be placed in foster care. This could be the result if the child accumulates several misdemeanor charges, such as truancy or waywardness, within a short period of time. Such a child may be placed in foster care in another community in order to protect him from the judgments of other members of the community and from friends who may be involved in antisocial behavior. However, if the child is charged with a more serious offense, such as theft, he may be placed in a correctional institution or treatment center. Later he might be placed in foster care.

When a child has a mental or physical handicap that requires special care and treatment, the parents may not be able to care for him within the family. When there are several other children and the family is experiencing other stresses, the parents may not have the human or physical resources necessary to deal with the child's special needs. The child may be placed in a foster home in which the foster parents have the resources and special skills for dealing with the child's special needs or a group home centered around several children with similar needs may be helpful to the child.

A teenage girl who is pregnant out of wedlock may be placed in foster care if the pregnancy causes too much stress and anxiety in the family. Often the parents of a premaritally pregnant girl become so angry and hostile that the home is an undesirable--and even dangerous--environment for the girl and her unborn child. For the health and safety of all, the girl may be placed in foster care until the baby is born. A premaritally pregnant teenage girl also may be placed in foster care in another community to protect her from criticism and judgment.

If the baby is placed for adoption, the girl may return home, but in such cases special care is taken that for the girl the return is in the interest of her welfare. If the girl chooses to keep her baby, the infant and sometimes both the infant and the teenage girl may be placed in foster care. Foster parents can insure proper care is given to the infant and can provide nuturance and child care training for the teenage girl. The girl may need this assistance until she can return home or is prepared to care for the child by herself.

Only a small number of children are in foster care because of the deaths of both parents. But the death of one parent may be a factor in placement if the remaining parent is unable to support and care for the child. When there are several children in the family, it may be especially difficult for the remaining parent to meet the needs of the children.

Although a case of true abandonment of a child is rare today, a child still may be placed in foster care for this reason. Sometimes after a child is placed in foster care, his parents will disappear.

Financial burdens of the family are often a factor in the need to place a child in foster care. Although it is not usually the only reason, financial stresses are quite often an integral part of the situation that requires the child's being placed in foster care. Sometimes the family budget has been stretched to its maximum when an unexpected crisis makes it impossible to meet the needs of the child adequately. Because of the many kinds of financial assistance that are available to a family in times of crisis, the financial aspect of the crisis usually is not the only factor, nor is it usually the deciding factor. But sometimes the child may need to be placed in foster care because the parents do not use their financial resources to meet the child's needs.

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Unit IV

FACTORS IN FOSTER CARE PLACEMENT CASE HISTORIES

CASE HISTORY -- DONA

FACTORS IN THE PLACEMENT DESICION

1. Father in prison
2. Mother deceased

Dona, who is 12, came into foster care after her father was put in prison. Her mother had died six years before, and Dona had been living with first one relative and then another since her mother's death. When Dona's father was convicted of armed robbery, she was living with friends of her father. They were not able to care for her during her father's imprisonment, so they asked the agency to find a foster placement for her.

Dona has been in a foster home for three years. Her foster parents try to help her maintain contact with her father through letters, but he rarely responds to them. Her foster parents would like to adopt her, but her father still maintains parental rights. It is unlikely that the court will sever those rights while Dona's father is in prison.

The child came into care because there was no caretaker or even a home for her. She likely will remain in foster care until she reaches majority.

CASE HISTORY -- JANIE JONES

FACTORS

1. Alcoholism
2. Desertion of a parent
3. Financial burdens
4. Child's own behavior
5. Marital conflict

Mr. Jones was an alcoholic. He had deserted the family when Janie was nine years old, returning only once or twice for brief visits. Mrs. Jones also was an alcoholic. She had only welfare payments to help her care for the family. Janie was the third oldest in a family of seven children. Her oldest brother had spent a year in the boys' industrial school, and the second oldest boy had been before the juvenile court.

Janie came to the attention of the agency because of her behavior in school and because of her frequent absence from school. When the caseworker visited with her mother, Mrs. Jones also complained about having difficulty in managing Janie's behavior. Janie was 11 years old when she came into foster care.

Janie's behavior seemed to be the major stress that caused the crisis, but it is easy to see that many other stresses were involved.

CASE HISTORY -- GEORGE

FACTORS

1. Death of a parent
2. Financial burdens
3. Child's conflict with the law

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George was fourteen and lived with his mother. George's father had been dead for several years, and George's mother worked to support her son and herself. George's mother was away from home a great deal because of work and social activities. When she was home, she was busy with household chores. George began spending time roaming the streets with some friends. He was picked up twice on suspicion of shoplifting, but charges were not pressed. The shoplifting incidents upset George's mother, who tried to impose curfews on George, but she could not enforce them. The friction and hostility between George and his mother became intense.

One night George was picked up by the police with several other boys who were "joy-riding" in someone else's car. The court decided to place George in a group foster home in another city in hopes that a more supervised environment would keep him out of conflict with the law. George responded well not only to the supervised routines of the group home but also to the interaction with the houseparents and with the other boys in the home, whom he enjoyed.

It seems that the major stress which brought George into foster care placement was his conflict with the law. However, the death of his father and his mother's need to spend time and energy working to support the family also were factors. Temporary placement of George in a group foster home may keep him out of conflict with the law while teaching him skills for living within a family. It is likely that George could return home.

Case History -- Julie Kay

FACTORS

1. Death of father
2. Conflict of parents
3. Emotional and behavior problems

Julie Kay was a very quiet 16-year-old when she came into foster care. Her father had died when she was eight years old, and her mother had remarried several years later. Julie Kay did not get along well with her stepfather and resented him for trying to take her father's place. At first Julie Kay fought constantly with her stepfather; then she became withdrawn from her family. She began to flunk her classes because she was not doing her assignments and was often truant. Julie Kay would not do any household chores and rarely would talk to any members of the family. Julie Kay's mother consulted with the mental health clinic.

After several meetings with Julie Kay, the counselor suggested that she be placed in a treatment foster home while she received counseling. Arrangements were made; Julie Kay was placed with foster parents who had one teenage girl of their own, two foster teenage girls, and one eight-year-old boy of their own. Julie Kay seemed to respond well to the foster family environment. The other teenagers appeared to be able to communicate with her, and her counseling sessions seemed to be having positive effects on her behavior. After a month, Julie Kay was allowed to spend a weekend with her family. When she returned to the foster family, she again was withdrawn, and that night she consumed a bottle of aspirins as well as some other pills from the medicine cabinet. The other teenagers were the first to discover what Julie Kay had done and informed the foster parents. Julie Kay was rushed to the hospital and her stomach pumped. Although she was physically unharmed by the pills, her counselors suggested she be placed in a mental hospital for her own protection and for further observation and treatment. The foster parents kept in daily contact with her until she was released to their care two months later. Julie Kay remained in the foster home for two more years. She did not attempt sucide again but did have continued counseling. At eighteen Julie Kay could no longer be kept in foster care, so she returned home for a short while. She then left home and found a job in another city. She keeps in contact with the foster family.

Julie Kay's withdrawal from her family and school reached a crisis point, and counseling seemed to be a way to help. It was apparent to counselors that part of her problem was her poor relationship with her stepfather and that removal from the home should facilitate treatment.

Case History -- The Miller Family

FACTORS

1. Only one parent in the home as the result of divorce
2. Finances
3. Neglecting to provide child care while the parent was working
4. Reports from the school and neighbors
5. Parent's physical illness

Mrs. Miller had four children: Sarah, 10; Kay, 9; Judy, 7; and Tommy, 5. She had been divorced from her husband for about two years and had seen him only three times since their divorce. Mrs. Miller worked as a waitress in a small cafe. She did not have a babysitter for the children; they were left by themselves in the family's trailer while she worked the 3:00 to 11:00 p.m. shift.

The neighbors reported to the agency the fact that the children were being left alone. The schools supported their complaints with reports of the children's being absent, tardy, and poorly fed and clothed.

After visiting with the caseworker several times, Mrs. Miller decided to place the children in a foster home voluntarily. The children had been in the foster home for about six months when Mrs. Miller decided to take them back. About two months later Mrs. Miller was hospitalized with pneumonia and had the foster parents take the children again. In a couple of weeks the children were once again with their mother.

The neighbors still complain that the children are being left unattended. They also complain about noise from the Millers' loud parties.

The stress affecting this family was noticed by neighbors and the school. After investigating the reports of neglect, the agency was able to help with a voluntary placement. The unexpected stress of pneumonia caused Mrs. Miller to re-place the children. Since the neighbors are still complaining, it is possible that the protective services worker will have to ask the court to place custody of the children with the agency.

Case History -- Mike

FACTORS

1. Abuse and neglect
2. Marital conflict
3. Divorce
4. Abandonment

When Mike came into foster care, he had multiple bruises on his head, arms, and legs. He was only two years old. The parents, who had been separated "off and on" for about six months, could not explain the bruises.

Shortly after Mike came into foster care, his parents were divorced. Neither parent visited Mike except when the agency set up visits. About a year later Mike's mother remarried and moved to another state. The agency workers still set up occasional visits with the father, but otherwise there was no parental contact.

Mike is now 10 and would like to be adopted legally by his foster parents, but the legal parental rights have never been severed.

The child was placed in foster care for his protection because of possible abuse by his parents. The parents then abandoned him. It is likely that the marital conflict leading to divorce was a major stress in this case.

Case History -- John, Joni, and Jason

FACTORS

1. Financial burdens
2. Marital conflict
3. Lack of knowledge about child care

John and Joni Anderson were married at age eighteen. Joni was pregnant. After their marriage John had a job at a gas station for a while, but he got mad at the manager and quit. Then he took a job in the stockroom of a department store. Joni worked for a while at a hamburger restaurant, but she quit a couple of months before the baby was born. When Jason was born, both John and Joni were excited about the baby. But as it became apparent that their budget could not stretch to care for everyone's needs, and as bills began to pile up, John and Joni began to fight frequently. John began to stay away from home two or three nights in a row. When he was home, there was much verbal conflict and threats of physical abuse. Joni became extremely depressed. She often ignored the baby's crying, even when he was hungry. To get away from his crying, she often went for a walk, leaving Jason all alone.

The neighbors reported violent conflicts and Jason's being left alone to the social service agency. The agency made a thorough investigation and the court placed Jason in protective custody. Jason was found to be severely malnourished and to have pneumonia. Foster parents stayed with Jason in the hospital until he recovered from the pneumonia and his nutritional health improved. Jason then lived with the foster family while the social service agency attempted to resolve his parents' marital conflicts and to provide them with parent education. John was hostile and resentful toward the agency, the foster parents, and Joni. He even threatened Joni. Joni finally was forced to obtain a legal separation from John for her own protection. Joni maintained regular visits with Jason and the foster parents and attended child care classes at the local high school. After eight months Jason was returned to Joni's custody.

The neighbors were the first to make note of Jason's possible neglect and to report the situation to the agency. The courts considered the removal of custody of Jason from his parents to be necessary to his health and safety. The financial burdens and marital conflicts were the main factors that led John and Joni to neglect their child. In addition, they probably did not have an adequate understanding of child development and child care. With the use of educational and supportive services, Joni probably will be able to care for Jason adequately.

Case History -- Susie

FACTORS

1. Lack of knowledge of child development
2. Overzealous disciplining

Mrs. J. was from a wealthy neighborhood and was well-respected in local service organizations. When she brought Susie, her two-year-old, into the pediatrition with a broken arm, he was concerned that Susie had not had supervision to prevent such a serious accident. He could find nothing abnormal about the break, and the story of the accident seemed plausible. However, a month later when Mrs. J. brought Susie to the emergency room of the hospital with a slight concussion, he admitted the child for a more thorough investigation of the circumstances leading to injury and a more thorough examination of the child. The examination showed unexplained bruises on Susie's buttocks and legs and other healed injuries to her head. The doctor reported the incident to state authorities, who placed Susie in protective custody in a foster home. Mrs. J. later revealed that Susie's injuries had occured in her attempt to punish Susie for doing things "she knew better than to do," such as playing with valuable nicknacks around the house or soiling her clothing. Mrs. J. was required to attend counseling sessions and child care classes. After one year Susie was returned to her mother.

The doctor reported the incident, and protective action was taken by the courts. Education and supportive counseling of the parent may prevent her further abusiveness.

RESOURCES

A. Where to Locate Resources

The following list of resources includes books, pamphlets, articles, films, and filmstrips which contain information about foster family care and family relationships. The instructors will need to select those resources which are most appropriate for the foster parents participating in the class and to the structure of the class meeting.

There are several alternatives the instructor may take in obtaining resource materials. Many public libraries have a free film service; ask your librarian. In addition, many state public health departments have a free film service. Write for their catalogue. (In Kansas, films are available free from the Kansas Department of Health and Environment.)

The public library is the best source of books. Most books and some journal articles may be obtained from the library through interlibrary loan services. If you cannot obtain a specific book from the library, you can check your local bookstore. If the book is not in stock, you may order it directly from the publisher or through the bookstore.

The following list of addresses of publishers, film producers, and organizations may be helpful in obtaining resources directly:

American Educational Films, 331 North Maple, Beverly Hills, CA 90210.

Child Welfare League of America, Inc., 67 Irving Place, New York, N.Y. 10003.

Department of Health, Education, and Welfare, Foster Family Services, Office of Child Development, Washington, D.C. 20201.

Health Education Services, Kansas Department of Health and Environment, Forbes Air Force Base, Building 740, Topeka, Kansas 66620.

Indiana University Audio-Visual Center, 10th and Morton Street, Boomington, IN 47401.

International Film Bureau, Inc., 332 South Michigan Avenue, Chicago, IL 60604.

Jewish Child Care Association of New York, Public Relations Department, 345 Madison Avenue, New York, N.Y. 10017.

National Foster Parent Association, Inc., 20 South Central, Suite 114, St. Louis, MO 63105.

Parents Magazine Enterprises, Inc., 52 Vanderbilt Avenue, New York, N.Y. 10017.

Paulist Productions, 1971, P.O. Box 1057, Pacific Palisades, CA 90272.

Time-Life Films, 1970, 1271 Avenue of Americas, New York, N.Y. 10020.

University of Wisconsin - Extension Bookstore, 432 North Lake Street, Madison, WI 53706.

Westminister Films, 925 Witherspoon Building, Philadelphia, PA 19130.

B. Books

Akal, Y. (Ed.) Closing Correctional Institutions: New Strategies for Youth Services. Lexington, Mass.: Lexington Books, 1973.

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Center for Youth Development and Research. Youth's Rights to be Regarded as Persons. St. Paul, Minnesota: Center for Youth Development and Research, 1975.

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DeCourcy, P. and J. DeCourcy. A Silent Tragedy. Alfred Pubishing Corporation, 1973.

James, H. The Little Victims. New York: David McKay Co., 1975.

Kempe, C.H. and R.E. Helfer (Eds.) Helping the Battered Child and His Family. Philadelphia: Lippincott, 1972.

Feigelson, C. A Child is Being Beaten: Volence Against Children, an American Tragedy. New York: Holt, Rinehart and Winston, 1965.

Gilbert N. and H. Specht. Dimensions of Social Welfare Policy. Englewood Cliffs, N.J.: Prentice Hall, Inc., 1974.

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Katz, S.N. (Ed.). The Youngest Minority: Lawyers in Defense of Children. Chicago American Bar Association, 1974.

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Leavitt, J.E. (Ed.). The Battered Child: Selected Readings. Morristown, N.J.: General Learning Corporation, 1974.

Madison, B.Q. and M. Shapiro. New Perspectives On Child Welfare: Services, Staffing, Delivery System. Daly City, CA.: California State University, 1973.

Parad, H.J. (Ed.). Crisis Intervention: Selected Readings. Family Services Association, 1965.

Pavenstedt, E. and V.W. Bernard (Eds.). Crises of Family Disorganization. Behavioral Publications, 1971.

Pringle, M.K. The Needs of Children. New York: Schocken Books, 1975.

Richette, L. The Throwaway Children. Philadelphia: Lippincott, 1969.

Ryan, J.H. Suffer the Little Ones. Nashville: Aurora Publishing Co., 1972.

Schorr, A. (Ed.). Children and Decent People. New York: Basic Books, Inc., 1974.

Silberberg, N.E. and M.C. Silberberg. Who Speaks for the Children? Springfield, Ill.: Charles C. Thomas, 1974.

Young, L. The Fractured Family. New York: McGraw-Hill, 1973.

C. Films

Those labeled K.D.H.E. are available in Kansas free from Kansas Department of Health and Environment.

The Frightened Child. 19 minutes. Child Welfare. 1957. (K.D.H.E.)

Janie Kirk, age 11, is troubled, confused, and frightened. Relatives have made her feel responsible for her mother's death and turned her against her father. As a result, Janie cares for no one and has no interest in life. She is placed in a carefully selected foster home. With the help of a social worker, she gradually responds to the kindness and understanding of her foster family. A near tragedy finally convinces Janie that people really do care about her.

Homeless Child. 28 minutes. color. 1965. (K.D.H.E.) (N.E.P.A.)

This film tells the touching story of children who have been deprived of parental love. It shows case histories of homeless children and the community's efforts to find homes and affection for them through the foster parents' program. The Los Angeles County Division of Child Welfare Services in the agency.

The Neglected. 30 minutes. International Film Bureau, Inc. 1964. (K.D.H.E.)

Present families whose children have come under the protection of community authorities as a result of abuse or neglect. The film demonstrates skilled techniques by the professional staff of the Child Protective Services in changing family relationships threatening the health and emotional well-being of the children.

Children in the Hospital. 21 minutes. color. Child Care and Development. 1963. (K.D.H.E.)

Every child deals with the strain of adjustment to the hospitalization in his own way. The film was made in the pediatric section of the Boston City Hosptial. The children's adjustments can be improved by helping them understand the situation.

Fears of Children. 30 minutes. Child Care and Development. 1957. (K.D.H.E.)

Some of the emotions that shape the character of a five year old boy are dramatized in the film. Fears of the dark, new situations, and of failure - emotions common to children - are accentuated when parents become over solicitions or stern. Effects of these fears on both the parent are shown in this film. It should help parents understand and cope with their children's emotions.

Robin, Peter and Darryl: Three to the Hospital. 53 minutes. 2 parts. 1969. (K.D.H.E.)

Most viewers will become emotionally involved with three children in this film. Each child is acutally hospitalized for minor surgery. The film shows how differently children react to hospitalization, stress, and separation from parents.

Who Cares About Jamie? 16 minutes. color. 1963. (K.D.H.E.)

This is the story of a few hours in the life of Jamie, a first grader. It is concerned with the parts adults play in helping him overcome the inevitable setbacks which accompany growth to maturity.

Bridging the Gap. 30 minutes. color. 1973. (K.D.H.E.)

An excellent film for parents to teach them how to acquire and realize the vital skills in communication with their children. Dr. Thomas Gordon is the lecturer and he is down-to-earth, believable, and sometimes funny as he explains ways of resolving conflicts between parent and child so that neither resents the other.

Guidance for the 70's: Who's Responsible? 19 minutes. color. 1972. (K.D.H.E.)

An excellent "thinking" film, which revolves around a group of teenagers and a good discussion leader, prods them to think about why they blame their parents and other people for their failures. Clearly, we are accountable for our actions and we make our own world. This is a positive film and makes many good points.

I Just Don't Dig Him. 11 minutes. color. 1970. (K.D.H.E.)

It isn't as much the communication gap between generations as it is between parents and their own children, in this film. When 14 year old Ken comes home late at night, he and his worried father have an argument. Later events subtly suggest how each should accept the other as an individual with strengths and weaknesses; they do when it is someone else's father or son.

The film portrays the resentment, fear, anger, and emotional needs of both generations. Without drawing conclusions, this film is useful for stimulating thought and discussion.

I'm 17, I'm Pregnant and I Don't Know What to Do. 28 minutes. color. 1970. (K.D.H.E.)

This TV documentary is the story of a pregnant girl named Pam. She struggles with the alternative of a forced marriage, abortion, keeping her baby, or adoption. Her parents, friends, and boyfriend giver her conflicting advice.

Pam finally receives counseling at an agency. The provocative group encounters, with Pam and four other pregnant girls at the agency, come to grips with reality. The viewer learns the decision of each girl and the problems involved.

Low View From a Dark Shadow. 30 minutes. b&w. 16mm. Indiana University Audio Visual Center. 1968. (N.F.P.A.)

A case study featuring one foster child following the breakup of his home due to family strife, physical violence, and lack of money. The boy is shown reacting in a child's terms to his temporary placement in a home with other foster children, then into an approved foster home for an indefinite time with an existing family, revealing perceptions familiar to most foster children. The adjustments to the real parents that takes place while with the foster parents is the focus of the boy's "low view", as he finds his problems are not insurmountable.

The Battered Child. 58 minutes. b&w. 16mm. Indiana University. (K.D.H.E.) (N.F.P.A.)

A documentary study of child abuse based on the book The Battered Child by Drs. C. Henry Kempe and Roy E. Helfer. These doctors have created a team consisting of psychiatrists, pediatricians, and social workers to study the causes of physical child abuse and to treat children affected mentally. The team is shown at the University of Colorado Medical Center working with actual cases. It is argued that the mental illness evidenced by parents who abuse children is as real as the consequent suffering of the children and, therefore, these parents may need psychiatric therapy rather than penal action.

Homeless Child. 28 minutes. color. 16mm. (K.D.H.E.) (N.F.P.A.)

This award-winning film was produced for the Los Angeles County Child Welfare Services. It is an excellent film depicting the care of foster children documenting case histories of homeless children and the community's efforts to find homes and parental love for them through the foster parents program.

A Way Out. 22 minutes. color. 16mm. Westminister Films. 1971. (N.F.P.A.)

This film is designed to be shown to staff, prospective parents and foster parents to help them understand the effects of uprooting a child. Through the eyes of a child the film gives insight into their feelings when they come the victims of the emotions and actions of adults. The film illustrates that without individual and community understanding of these feelings, the potential of many children will be lost.

D. Pamphlets

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E. Articles

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1. Child Abuse and Neglect
2. Death
3. Illness
4. Divorce and Separation

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1. Behaviors and Emotional Disabilities
2. Physical Disabilities
3. Intellectual Disabilities
4. Educational and Language Disabilities

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1. Attitudes Toward Children
2. The Economy and the Child
3. The Parents' Point of View: Five Historic Interviews
4. Parenthood Today and Tomorrow